



Fees and Payment Policies – Medicaid

- Advance payments / account credits will be refunded if they do not apply towards any balance owing. _____
- Any service provided that is not a covered service by insurance will be client responsibility (i.e. records request). _____

Insurance Billing

- **Fees:** The intake fee is \$220.00. Both individual sessions and family sessions are \$150.00 per 50 minutes. Additional charges may apply (see page 2 of the disclosure information form). Your insurance will be billed for each session. _____
- **You are responsible for notifying us of any changes that affect billing, including your insurance coverage, subscriber name, or address. If you lose insurance coverage at any point you will be responsible to pay the fee for the non-covered sessions.** _____

Credit Card Exempt

- Molina clients covered under Apple Health or clients referred by a DSHS social worker (due to an open CPS case) who are covered under the CA contract are not required to give credit card account information. _____

Email for Reminders and Invoices: _____

Client Name: _____

Client Signature: _____ **Date:** _____

Guardian Name: _____
(if client is under 18 years old)

Guardian Signature: _____ **Date:** _____
(if client is under 18 years old)