

CLIENT REGISTRATION & INFORMATION
ANGELA BACH, LPC
AMB LLC

FINANCIAL AGREEMENT
Effective June 1, 2023

Fee Schedule

Initial Individual Assessment(90minutes)	\$210.00
Individual Psychotherapy(60minutes)	\$140.00
Couples Initial Assessment (120 min)	\$375.00
Couples or FamilyTherapy(60 minutes)	\$160.00
Couples or FamilyTherapy(90 minutes)	\$240.00
Couples or FamilyTherapy(120minutes)	\$320.00
Sliding Scale Rate (as per agreement with therapist)	\$_____
NoShow/LateCancel (less than 24 business hours):	full self-pay fee or negotiated insurancerate
ReturnedCheck:	\$50.00
Telephonetherapy session:	\$140.00/hour (notreimbursable by insurance)
Urgent Situations Only -Phone call for lasting more than10minutes	\$35/quarterhour
Correspondence/collateral contacts	\$35/quarter hour
Letters	\$100.00
Medicalrecords sent	\$100.00
Court appearances/legal communication/letters or Recordsrequest	\$200.00/ hour

Please note, I only participatewith Cigna and Optima insurances. This means I am “in network” for these policies only. A portion of charges are generally but not always reimbursed byinsurance policies. **Please note that some insurance companies require authorization for services prior to the initial session.** Therefore, it is important for you to contact your insurance company to verify your benefits, determine any deductible and/or co-payment amounts that may apply and to obtain any required initial authorization for services. AMB, LLC will bill most insurance companies as a courtesy to you.

A minimum 24-business hour notice is required to change or cancel an appointment. If you do not cancel within that allotted time or miss your appointment you will be responsible for the full cost of the appointment. There will be a \$50 charge on returned checks. These charges cannot be filed to insurance companies and therefore are your full responsibility. Payment must be received prior to scheduling another appointment.

Payment will be charged to your card on file within two weeks of your appointment for the portion of your bill not covered by insurance. If the insurance claim indicates a different copay, co-insurance or deductible than was charged, the difference will be either collected, kept as a credit on your account or reimbursed to your card. Any charges not paid by your insurance company are your full responsibility. Telephone therapy sessions are NOT reimbursable by insurance. There will be a charge forcontact that goes beyond 10 minutes between sessions.

I authorize Angela Bach, LPC to release to my mental health plan any information which it deems necessary to ensure prompt payment of all charges for services provided. I also assign the payment of all insurance in-network benefits directly to Angela Bach, LPC for any charges incurred in connection with services provided.

I have read and fully understand the above and accept treatment under these terms.

Signature: _____ Date: _____