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## FINANCIAL POLICY

Effective January 1, 2020

### Not Billed To Insurance, Client Paid:

Less than 24 hours cancelation = \$175.00

Missed 1 session = \$20.00

Missed 2 sessions = \$40.00

Missed 3 or more sessions = \$175.00

Court = \$300.00 per hour including time to and from the office with a \$300.00 retainer due prior to court date

### Bill To Insurance:

90791 Intake Psychiatric diagnostic evaluation 60 minutes or less = \$225.00

90837 Psychotherapy, 60 minutes with patient and/or family = \$175.00

90834 Psychotherapy, 45 minutes with patient and/or family member = \$165.00

90832 Psychotherapy, 30 minutes with patient and/or family = \$115.00

90839 Psychotherapy for crisis first 60 minutes = \$225.00

90840 Psychotherapy for crisis each additional 30 minutes = \$125.00

90846 Family psychotherapy (without the patient present) 60 minutes = \$145.00

90847 Family psychotherapy (conjoint with client/family) 60 minutes = \$185.00

90849 Multiple-family group psychotherapy 60 minutes = \$200.00

90853 Group psychotherapy (other than of a multiple-family) 60 minutes = \$85.00

90899 Unlisted psychiatric service or procedure 15 minutes = \$75.00

99354 Prolonged service in the office or other outpatient 60 minutes = \$200.00

99355 Prolonged service in the office or other outpatient 30 minutes = \$110.00

Client credit/debit card on file for: deductibles, co-pays, missed appointments/less than 24 hours' notice. Once insurance has paid their portion, your card will be charged for your portion according to insurance responsibility.

Name (as it appears on card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

CVC (three-digit code on back): \_\_\_\_\_

My signature indicates that I understand and agree to the above.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_