



Denise Hie, LMFT, LLC
Financial Agreement

Client Name _____ Birthdate _____

Name of Primary Insured _____ Birthdate _____

Address of Insured _____

Phone of Insured _____ Client Relationship to Insured _____

Insurance Co. and phone number _____

Insurance ID _____ Group # _____

Insured's Employer _____

Copay _____ Deductible _____ Has the Deductible been met? _____

Fee For Initial Session	\$160
Fee For 55 min Session	\$140
Fee for client with partner/family, Or Fee for family member(s) w/out client	\$160
Co-pay Due at Each Session	Varies
Late Cancellation/No Show Fee (see below)	\$140

*If you have insurance that recognizes Denise Hie as “Out of Network,” as a courtesy, Denise Hie will bill your insurance for the day of service and will request that the insurance agency reimburse her directly. As with medical billing, if your deductible is not yet met, the insurance agency will apply the fee toward the deductible, until it is met. Co-pay or Co-insurance will be charged to your card on file on the day of service.

Responsible Party Financial Agreement Statement:

- I authorize Denise Hie to bill my insurance directly
- I understand that my copay/co-insurance is due at time of service unless otherwise arranged.
- I understand that a no-show fee will be charged for appointments cancelled with less than 24-hours notice. Because ***insurance will not cover no show fees***, I will be responsible for the full amount.
- I understand that I am responsible for paying my deductible and any amounts not covered by insurance.
- I understand that if for any reason, my insurance agency does not pay my fee I am responsible for the entire amount.
- I authorize the release of information needed to verify and process insurance claims to Denise Hie, LMFT, LLC.
- I authorize my insurance to make payments directly to Denise Hie, LMFT, LLC

Signature of Responsible Party	Date
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Payment by HSA, credit or debit card will be managed through a HIPAA-compliant format called, “Ivy Pay.” At first session, this will be arranged using therapist and client cell phones. Thereafter, the information is stored with Ivy Pay, on a HIPAA-Compliant format. Therefore, no card will be kept on file below, by Denise Hie.

If/when the card needs any updating along the way, you may inform Denise and she will push a request through Ivy Pay to you, to “update card information.”

*Amount to be charged will be dependent on 1) your copay; 2) whether your deductible has been met; 3) your co-insurance percentage. *Denise Hie typically has Ivy Pay charge your card at: 1) The end of session; 2) Later in the same business day, or as late as the next day; 3) Additional charges (if any) listing the date of service, after insurance has sent the explanation of benefits showing why they have not covered all charges (This typically happens 1-4 weeks from each date of service, depending on the insurance).

“I request that my card transactions be processed in accordance with the card issuer agreement, and agree to keep my card on file with “Ivy Pay”. **This card may be charged up to the full amount of service fees if I do not show for a scheduled appointment or if I cancel in less than 24 hours.**”

Signature: _____ Date: _____



Additional Fees For Any Requested Legal Information

Occasionally, clients may find themselves in circumstances that require legal assistance (ie. divorce, custody of a child, etc). When this happens, attorneys may request your medical and/or mental health records, or related information (ie. summary of treatment, etc). Or, you may wish to have a letter written by your therapist, whether to a court-related situation or for other reasons (ie. companion dog, time off work, etc).

Clients are discouraged from the below services. Not only would you be responsible for the additional fee, it does not mean that your therapist's information would be entirely in your favor, as in legal-related matters Denise Hie can only testify to the facts and can only provide a professional opinion. If you still require any services below, the fees are as follows:

Washington WAC 246-08-400 (retrieved 12/2018)

(When records are requested by an attorney):

- \$26.00 fee for searching and handling records
- \$1.17 per page for the first 30 pages
- \$0.88 cents per page for all other pages
- If the provider personally edits confidential information from the record, as required by statute, the provider can charge the usual fee for a basic office visit

Writing a Treatment Summary: \$250

Writing a Letter: \$150

Attendance in Court

1. Preparation time (including submission of records): \$220/hr
2. Phone calls: \$220/hr
3. Depositions: \$250/hour
4. Time required in giving testimony: \$250/hour
5. Mileage: \$0.545/mile
6. Time away from office due to depositions or testimony: \$220/hour
7. All attorney fees and costs incurred by the therapist as a result of the legal action.
8. Filing a document with the court: \$100-\$290 (depending on fee of file type)
9. The minimum charge for a court appearance: \$1500

A retainer of \$1500 is due in advance. If a subpoena or notice to meet attorney(s) is received without a minimum of 48-hour notice there will be an additional \$250 charge. Also, if the case is reset with less than a 72 business hour notice, the client will be charged \$500 (in addition to the retainer of \$1500)

Signature: _____ Date: _____