

# PAYMENT PLANS FOR SERVICES WITH LARRY COHEN, LICSW

I offer a few different payment plans to try to make my services affordable, as well as to accommodate those who do not have, or do not wish to use, their insurance. I accept checks, cash or credit/debit cards (Visa and Mastercard) for face-to-face sessions. I accept credit card payment only for sessions held over the phone.

## Per-Session Payment Plan for Group & Individual Therapy

My fee is \$95 for individual sessions (60 minutes, whether in-person or over the phone) and \$62 for group sessions (150-180 minutes, depending on group size). You agree to pay your fee at each session unless other arrangements are made with me in advance. I will give you a Statement of Service at each session or, if you prefer, once per month, for you to submit to your insurance company or employer program so that you can be reimbursed whatever you are due. In some cases, we may make arrangements in advance for me to do the submitting to your insurance company, in which case you need only pay your co-pay at each session.

If your insurer provides less coverage than was originally anticipated, then you agree to pay the difference within one week of notification. If your insurer ends coverage before a therapy group you are in is over, then you agree to continue participation for the remainder of your group commitment (20 sessions in total), making payments according to the Tuition Payment Plan (below). If you miss more than two group sessions, then you agree to pay the full fee for each such unattended session. (Insurance does not cover missed sessions.) If, for any reason, you drop out of group early, then you agree to pay for the remaining group sessions (20 in total) according to the Tuition Payment Plan (below).

There is a \$10 per month late fee for any payment of yours that is over one week late.

## Tuition Payment Plan for Group Therapy

You agree to pay a total tuition of \$200 per month for each of the five months of the group to which you have committed. There are a total of 20 group sessions in the social anxiety therapy group, averaging \$50 per session. This is a 20% discount from the cost you would pay for each of the group sessions individually.

Payment is due on or before the first group session of each of the first five months of the group. Some months have more sessions than others; still, the tuition payment is \$200 per month for five months. If the group continues into a sixth month, no further payments are due. No discounts or refunds are given for any sessions you do not attend. If, for any reason, you drop out of group early, then you agree to pay for the remaining group sessions according to the Tuition Payment Plan. You agree to pay for the initial individual session, as well as any subsequent individual sessions you may wish to have (whether in-person or over the phone), at the rate of \$95 per session, due at the time of the session.

For those using the Tuition Payment Plan, I will not submit claims to your insurance or managed care company. Nor will I write treatment plans or make authorization requests for your insurance or managed care company. If you wish, I will give you a monthly Statement of Services at every fourth session which you may submit on your own to your insurance company or employer program in order to seek reimbursement.

There is a \$10 per month late fee for any payment of yours that is over one week late.

## Sliding Scale Payment Plan

(For those who have no insurance coverage and earn less than \$40,000 per year or have a specific financial hardship, I try to negotiate an individualized payment plan that you can afford. The terms of this plan are written below.)

Same as the *Per-Session / Tuition* payment plan, except:

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## Policy on Absences (for all payment plans)

Individual therapy sessions require 24 hours advance notice for a cancellation or rescheduling. The full fee is charged when less notice is given. (Insurance does not cover absences.) One hour advance notice of an absence for a group session is sufficient. (See your payment plan for any costs associated with group absences.)

## Payment Contract for Services

I, [print your full name] \_\_\_\_\_, the undersigned, hereby agree to abide by the [circle one] Per-Session / Tuition / Sliding Scale Payment Plan as well as the Policy on Absences.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed by:  client  guardian  personal representative