

DEBRA A. LITTRELL, LMHC

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Financial Policy and Fees

Fees

Individual sessions are 75 minutes long and the charge is \$185.00.

You can receive the cash price of \$175.00 if you pay by cash or check at the time of service (if your check clears with no problems). If your appointment is via video conferencing make sure to send your check in advance of your appointment.

Full payment is due at the time of service. There is an additional \$5 per day charge if payment is not received by 6pm the same business day of service.

If your check is returned because of insufficient funds you will be charged for all NSF fees, redeposit fees and any other financial institution charges incurred on your check's return.

Initial

Insurance

I am not on any insurance panel and do not bill insurance companies. I can give you a form with all the required information on it to submit to your insurance company to seek reimbursement.

Please note: Some insurance plans do not cover and out-of-network provider. You will have to call your insurance company to verify you have an out-of-network option on your plan. Also, some plans do not cover mental health care. So you will also have to ask them if you have a mental health benefit and if there is a limit on the number of sessions.

Sometimes insurance companies try to force you to give them my Tax ID # or they refuse to reimburse you. This is in violation of your contract with them. Their contract is with you and they are reimbursing you. They do not need my Tax ID# since they are not paying me for services. If they attempt to withhold reimbursement, contact the Washington State Insurance commissioner and file a complaint. My License number and NPI number are on the forms I will give you and that is all they need.

If your company is self insured the insurance company can get around this state law. Then I am not the person to see. You can write your sessions off as a medical expense or use your Health Savings Plan to pay for sessions instead. Speak with your accountant about the possibilities.

Why don't I take insurance? Insurance companies tie my hands. They have become very restrictive in order to make money for their shareholders. They limit the amount of time I can see you for and will limit the modalities I can use. I often work with clients who have exhausted other traditional mental health modalities and are looking for something that will work. Insurance companies will limit these options.

When I have taken insurance it has cost me huge amounts of time to get them to reimburse me so it has not been worth it to me to do business with them.

It is important for you to know that if you choose to submit your claims to your insurance company they may require me to submit your case notes to determine if they will cover your sessions. Sometime insurance companies use what is in the case notes to deny you benefits or require you to pay them back for services. Sometimes insurance companies use information to determine your eligibility for other kinds of insurance coverage such as life insurance, short or long term disability insurance. They can deny or exclude some or all coverage if you have a mental health diagnosis.

Initial

Cancellations & Rescheduled Appointments

Cancellations must be made at ***least 48 hours in advance*** or you will be charged for the appointment. **There are no exceptions. Cancellations & Rescheduling must be done by telephone or via my scheduler.**

Initial

Phone Policy

There is a charge for phone calls of a clinical nature outside of your regular session. You will be charged for the time at the rate of \$150 per hour prorated for the amount of time you use.

If you are calling to make changes to an appointment time or other administrative inquiries there is no charge.

Initial

Charge for paperwork

There is a charge of \$150 per hour for any paperwork you need from me, ie: letters, reports.

Initial

I acknowledge that I have read and fully understand these policies. I agree to the above and all of my questions have been answered.

_____ Client Signature	_____ Date
_____ Client Signature	_____ Date
_____ Client Signature	_____ Date
_____ Parent or Guardian Signature if Client is a Minor	_____ Date
_____ Therapist Signature	_____ Date