

**Julie Perez, LCSW**  
**Inner Wisdom Counseling**

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**Anchorage, AK 99501**  
**(907) 227-5631**

### **Fee Agreement**

1. In recent years, the confidentiality of psychotherapy has been undermined by medical insurance companies that require therapists to submit information about their clients. People who use their medical insurance or disability insurance to pay for psychotherapy waive some of their rights to confidentiality:
2. When you use your insurance, a psychiatric diagnosis must be assigned and transmitted to your insurance company, detailed clinical information often must be provided by your therapist, and in the case of “in-network benefits,” total access to patient files often must be provided to insurance company employees. Further, insurance companies often attempt to influence the methods or course of treatment so as to save money. That means treatment decisions are taken away from you and your therapist, the two people in the best position to make such decisions. Finally, psychiatric diagnoses may affect your ability to obtain future health or life insurance at a reasonable cost.
3. There is no way to ensure that confidentiality information will be treated as private once it is transmitted to an insurance company. For example, employers sometimes are able to obtain personal information from insurance records.
4. In order to protect my clients’ confidentiality and to provide ethical treatment, I have chosen to remain an “out-of-network” provider with most insurance companies and if possible encourage you to pay out-of-pocket for your psychotherapy. In which case, I am happy to provide you with a simple billing statement that you may submit for “out-of-network” insurance reimbursement and/or for tax purposes. However, for those who decide to use their insurance, I will bill your insurance for you after I have contacted the insurance company and verified your benefits. Therefore, payment for the first session is due in full at the time of your appointment. Co-pays or member percentages are due at the time of each subsequent session.
5. My standard fees are currently \$295 for the intake/initial diagnostic evaluation, \$250 per 50 to 60 minute session, and \$275 for family psychotherapy sessions. From time to time, you may need to contact me in between sessions, in which case I do not charge for phone sessions under 20 minutes. There is a fee of \$75 for phone sessions over 20 minutes. In the event that I am subpoenaed, I charge \$250 per hour for all preparation of written reports, oral testimony and travel/waiting time.

6. Reduced fees are available on a limited basis. I have a couple of reduced fee “slots” that I can offer based on personal circumstances and availability of these “slots.” Please let me know if you are unable to cover the full fees. If your financial circumstances should change, please discuss this with me as well. There are several options for financing the cost of therapy, including spreading out your payments over time and or paying via credit card. While psychotherapy may vastly improve the quality of your life, it is also an expensive process. The duration of therapy is affected by the nature of your concerns and what your goals are. It is very important that you feel that you are benefiting from treatment. If at any time you feel you are not getting what you want or need out of therapy, I urge you to discuss this with me so that we can find a solution for your concerns.
  
7. Appointment Cancellations: My fees are based on the time I commit to work with you in sessions and time for documentation. Any scheduled session not cancelled 24 hours in advance will be charged a fee of \$75, to account for the lost appointment time. You may cancel by leaving a message on my cell phone number, (907)227-5631, which will time-stamp your message, or via text message or email ([julie@innerwisdomak.com](mailto:julie@innerwisdomak.com)). As well, a \$75 fee will be charged if you miss an appointment and give no notice of cancellation.
  
8. Contract Agreement for Reduced Fees: I agree that in signing this Fee Agreement, I have read and fully understand the terms contained herein. I am responsible for a fee of \$\_\_\_\_\_ per 50-60 minute session. I agree to pay \$\_\_\_\_\_ for phone sessions over 20-minutes. If records are subpoenaed or there is a request for testimony, I am responsible for \$\_\_\_\_\_ per hour of time. These fees may be renegotiated in a new Fee Agreement from time to time as personal financial situations may change.
  
9. Fees are due at the time of the scheduled appointment, unless other arrangements are made in advance. **If you agree to have your insurance billed for your sessions, then your signature below indicates that you authorize your insurance company to make payments directly to the provider.** Having insurance is not a guarantee that services will be covered by your insurance company. If the insurance company does not pay for billed services, then you are responsible for the full payment of your sessions. In the unlikely event that check funds are dishonored, you give authorization for the funds to be collected electronically for the face value of the check, plus a \$20 processing fee. As well, in the unlikely event that balances are not paid within a reasonable amount of time, you give permission for your balance to be collected by a collection agency.

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**Client or Parent/Guardian Signature**

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**Date**