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Financial Agreements and Disclosures

In compliance with the American Psychological Association, I am required to disclose all billing and financial matters regarding psychotherapy services. I am further required to have financial matters reviewed on a regular basis. As a client of mine, you should understand:

1. The usual & customary rate for providing direct face-to-face psychotherapy services are as follows:
 - The first session (generally about 75 minutes long) is \$235
 - 40-45 minutes of individual counseling is \$150
 - 55-60 minutes of individual counseling is \$175
 - 55-60 minutes of family or couples counseling is \$185
 - 75-80 minutes of individual, family or couples counseling is \$210.
2. You will be billed \$100 of cancellation fee for not giving a minimum of 24 hours notification of cancellation. This outstanding balance must be paid prior to additional psychotherapy services being delivered.
3. If you are using your insurance, your co-pay is the same regardless of the actual duration of the service.
4. REGARDLESS OF INSURANCE OR OTHER COVERAGE, THE FINAL RESPONSIBILITY FOR THE PAYMENT OF FEES IS YOURS.
5. You will be billed for non-covered services such as telephone consultation, crisis intervention, report writing, care coordination with other providers (for example, primary care physicians and psychiatrists) at a rate of \$2.00 per minute in excess of 5 minutes.
6. Any legal reporting, consultation or coordination will be billed at an hourly rate of \$300 per hour.
7. We will periodically review the financial status of your account to address questions or concerns you may have regarding reimbursement issues involving third-party payers and balances due to me.

Please discuss any questions or concerns you may have regarding the financial arrangements concerning your psychotherapy services. I hope that I have clarified some of the more common questions I receive about my financial arrangements with insurance companies and HMOs.

Additional comments or special conditions:

Signature of client (or person acting for client)

Date

Signature of therapist

Date

Copy accepted by client Copy kept by therapist