

Sharon Hahn Counseling, PLLC
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**Financial Agreement for Psychological Assessment and Treatment
Children & Adolescents**

Fees for Services - Initial intake sessions: \$225.00

- Intake fee includes one 60-minute parent session and one 50-minute child session

Standard 50-minute session: \$95.00

Phone/email consult (less than 15 minutes): No charge

Phone/email consult (15-30 minutes): \$24

Phone/email consult (31-59 minutes): \$48

Phone/email consult (60-75 minutes): \$95

Out of office observation/consult: \$95/hour + travel charge

Travel charge (up to 25 mile round trip): \$25

Bounced check: \$10

_____ In-Network Insurance

I am currently in-network with Blue Cross Blue Shield (BCBS). At the end of each session, clients who are insured by BCBS with confirmed mental health coverage and who have met their deductible are expected to pay the copayment fee set by BCBS. I will be happy to file with BCBS on your behalf. Clients who have not met their deductible are expected to pay the set fee at each session, and I will file on your behalf so our sessions can be applied to your deductible.

_____ Out-of-Network Insurance

If your insurance carrier is different from BCBS, I will provide you services as an Out-of-Network provider. This means that the Payer of Services is required to pay the full session fee for services at the time of services. I provide a receipt to clients that they can submit to the insurance carrier to receive reimbursement. Reimbursement depends upon the specifics of each insurance plan. ****Payer of Services is advised to contact the carrier directly to understand benefits.**

_____ Pay out of Pocket

Clients wishing not to use insurance can pay out of pocket. They are expected to pay the set fee at each session. Upon request, I will provide a receipt for their payments at the end of each month.

_____ Sliding Scale

On occasion I operate a sliding scale fee depending upon clients' income level and other specialized needs. The agreed upon fee is \$_____. This fee is due at each session.

Cancellation Fee for All Clients

Should clients fail to show for an appointment or cancel without 24-hour's notice, the full fee of the session is charged and may not be applied to insurance.

**** I accept cash, check, or most major credit cards. There is a 2.35% service charge for credit cards.**

In the blank provided, please initial the plan above you intend to use. By signing below we acknowledge and agree to these financial policies.

Payer of Services Signature

Date

Sharon H. Hahn, MS, LPC

Date