



FEE AGREEMENT FOR CLIENTS WITH INSURANCE COVERAGE

CLIENT'S NAME _____ DATE _____

The Jewish Social Service Agency (JSSA) is a private nonprofit organization that provides comprehensive assessment, case management, counseling, and social services for children and adults of the Greater Washington area. Clients are seen on an appointment basis. Clients are responsible for providing JSSA with **24 hours** (business hours) advance notice to cancel an appointment and avoid being charged for a failed visit. Failed visits are not reimbursable through insurance, and you will be responsible for payment. Late arrivals will also be considered a failed appointment, and you will be responsible for that part of the visit not billable to insurance.

Insurance Authorization

For clients who have insurance coverage for the services provided, JSSA will directly bill the insurance company (ies). **Clients are required to pay the estimated co-payment and any unmet deductible PRIOR to service. JSSA cannot guarantee payment from any insurance company. Clients are responsible for paying all balances not reimbursed by the insurance company (ies). Clients are responsible to know their insurance coverage, benefits and provide JSSA with any necessary referrals.**

I hereby irrevocably authorize my insurance company (ies) to pay JSSA directly on my behalf for services provided. I authorize JSSA to submit claims and release medical information (including information regarding drug and/or alcohol related condition/treatment) to my insurance company (ies).

_____ Responsible Party

_____ Date

_____ Authorized Witness

_____ Date

Client Payment Agreement

I have read all information included in this document and have been provided a fee schedule from JSSA. I agree to be financially responsible for all program fees incurred. I understand that failure to make payment may result in termination of services.

_____ Responsible Party

_____ Date

_____ Authorized Witness

_____ Date

Client ID _____

Clinician _____



FEE SCHEDULE

Service Description	Provider	Fee
Psychiatric Services		
New Patient - Initial Office Visit	Psychiatrist	\$350.00 up to 90 minute session
Comprehensive Evaluation	Psychiatrist	\$350.00 up to 90 minute session
E/M Office Visit - Brief	Psychiatrist	\$100.00
E/M Office Visit - Regular	Psychiatrist	\$150.00
E/M Office Visit - Detailed	Psychiatrist	\$200.00
E/M Office Visit - Comprehensive	Psychiatrist	\$250.00
Add-On Psychotherapy	Psychiatrist	\$125.00 (16 - 37 min. session)
Add-On Psychotherapy	Psychiatrist	\$225.00 (38 - 52 min. session)
Add-On Psychotherapy	Psychiatrist	\$300.00 (53+ min. session)
Family Psychotherapy	Psychiatrist	\$225.00 (38 - 52 min. session)
Counseling Services		
Comprehensive Evaluation	Psychologist	\$230.00 up to 90 minute session
Individual Psychotherapy	Psychologist	\$180.00 (38 - 52 min. session)
Family Psychotherapy	Psychologist	\$180.00 (38 - 52 min. session)
Group & Multi Family Psychotherapy	Psychologist	\$85.00 per 50 minute session
Comprehensive Evaluation	Clinical Social Worker	\$190.00 up to 90 minute session
Individual Psychotherapy	Clinical Social Worker	\$ 75.00 (16 - 37 min. session)
		\$150.00 (38 - 52 min. session)
		\$180.00 (53+ min. session)
Group & Multi Family Psychotherapy	Clinical Social Worker	\$75.00 per 50 minute session
Family Therapy (with or without client)	Clinical Social Worker	\$150.00 per 50 minute session
Environmental (School) Visit	Clinical Social Worker	\$150.00 per 50 minute session



FEE SCHEDULE (continued)

Service Description	Provider	Fee
Case Management Services		
Initial Consult - Home		\$300.00 per visit
Initial Consult - Office (includes Eldercare and Disability Consult)		\$250.00 per visit
Home or Office Visit (includes Eldercare and Disability)		\$125.00 per hour
Case Manager Travel		\$60.00 per hour
Service Coordination		\$125.00 per hour
Escorted Transportation		\$42.00 per hour
Testing Services		
Comprehensive Evaluation	Psychologist	\$230.00 up to 90 minute session
Neuropsychological Testing	Psychologist	\$300 per hour
Psych Testing	Psychologist	\$300 per hour
Academic Testing	Psychologist	\$300 per hour
Feedback Session	Psychologist	\$180.00 per 50 minute session
Autism Services		
Family Coordination		\$125.00 per hour
Case Management		\$125.00 per hour
Consultation		\$250.00 per hour
Collaborative Law Services		
Mental Health Coach		\$240.00 per hour
Child Specialist		\$240.00 per hour
Travel		\$100.00 per hour