

Initial Appointment/Intake, 60 minutes

Jean Thompson Vanlue, M.A., LPC, LMFT

Jean Thompson Vanlue, LLC 528 Cottage St. NE, Suite 300, Salem, OR 97301 503-316-9130 www.jeanvanlue.com

\$175

Fees for Services Agreement

Effective 3-1-22

Jean Thompson Vanlue, LLC is an independent counseling agency offering therapy for individuals, couples and families. Insurance billing is offered as a courtesy through Heritage Billing Services. Fees are as follows unless a contract is in place that states otherwise:

Counseling/therapy, 45-50 min.	\$120
Counseling/therapy 25-30 min.	\$80
Phone Consultations in excess of five min. duration	\$120 per hour
Court appearance, including preparation, consultation,	-
travel time & waiting, 2-hour minimum	\$250 per hour
Report & letter writing	\$120 per hour
File copy fees: \$30 for up to 10 pages, \$.50 per page for pages 11-50, \$.25 per page for	
pages 51 and up, plus postage.	
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Lam requesting billing to	insurance.
ID# Group#	mourance.
I am requesting billing to insurance. ID# Group# By my signature below, I authorize the release to Heritage Billing and to my insurance	
carrier of any medical or other information necessary to process claims for services	
rendered to me. By my signature, I authorize payment of medical benefits to Jean Vanlue,	
for services rendered to me.	
101 001 1000 101140104 to 1110.	
I choose to self-pay for services.	
I am requesting a financial hardship discount application.	
1. I agree to pay at the time of service unless arrangements are made <u>in advance</u> .	
2. I understand that I am responsible for all fees not paid by my health insurance and will	
pay what is owed within two weeks of receiving an invoice.	
3. I will pay all bank fees associated with a check returned for insufficient funds.	
4. I understand that services will be terminated if timely payment is not made as agreed to	
by this consent.	
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5. I understand I am obligated to pay the full fee for a missed session when cancelled with less than two business days' notice except in cases of sudden illness or emergency.	
less than two business days notice except in cases of sudden inness of emergency.	
Oli ant sign aturns	Data
Client signature	Date
Client signature	_
	Date