



Jean Thompson Vanlue, M.A., LPC, LMFT
Individual, Family and Couple Counseling
528 Cottage St. NE, Suite 300, Salem, OR 97301
503-316-9130 www.jeanvanlue.com

Jean Thompson Vanlue, LLC

Fees for Services Agreement

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

Initial Appointment/Intake, 60 minutes	\$120
Individual counseling/therapy, 45-50 min.	\$90
Couple and family counseling/therapy, 45-50 min.	\$90
Group session or class, per person, 45 minutes	Varies by group
Phone Consultations in excess of five min. duration	\$90 per hour
Professional Consultation or Psychosocial Assessment	\$90 per hour
Court appearance, including preparation, consultation, travel time & waiting, 2-hour minimum	\$125 per hour (\$250 minimum)
Report & letter writing	\$90 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.	

I am requesting insurance billing.

I have completed a Financial Hardship Request Form.

1. I agree to pay at the time of service unless arrangements are made in advance.
2. I understand that I am responsible for all fees not paid by a third party payer (insurance) and will pay them within two weeks of receiving an invoice.
3. I will pay all fees associated with a check returned for insufficient funds, or \$35, whichever is higher.
4. I understand that services will be terminated if timely payment is not made as agreed to by this consent.
5. A minimum of 24 hours notice by phone of cancellation is required; if this is not given, I understand I am obligated to pay the fee for the missed session.

By my signature, 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, MA, LPC, LMFT for services rendered to me.

Client signature _____ Date _____

Client signature _____ Date _____