



MHS

Oregon Mental Health Services, LLC

FEE AGREEMENT

This agreement is made between _____ and

Oregon Mental Health Services, LLC. This agreement will remain in effect for one year.

_____ (Consumer) agrees to the following:

1. **\$225.00** Initial assessment; **\$140.00** per 45 min. of psychotherapy time billed; **\$200.00** per 60 min of psychotherapy time billed.
2. Deductible: Pay \$_____ for initial assessment, pay \$_____ per 45min. session, pay \$_____ per 60 min. session, until deductible is met.
3. Pay _____% per session for **Co-insurance** after deductible. Pay \$_____ per session for **Co-Pay**. Deductible costs subject to change per insurance.
4. Other Payment arrangements:_____
5. Payment is to be made at the time of the session by cash, check or credit card to Oregon Mental Health Services, LLC for the full amount of the session, unless other payment arrangements are made. Payment in full will not be required if insurance coverage is in place and verification of 100% coverage for psychotherapy is determined. Any co-pay for psychotherapy is due at time of session;

Oregon Mental Health Services, LLC agrees to the following:

1. Provide a statement to the consumer of account activity when the consumer is personally responsible for any payment. The statement will include current psychotherapy time billed, pending insurance payments and any payments made on the account.
2. Submit required paperwork for approval of mental health treatment to the appropriate reviewing personnel.
3. Provide for 24-hour voicemail capability for consumers to communicate with clinic staff.

Client or authorized signature

Date