

# MLB Therapy, PLLC

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120 East Market Street, Unit 2; Leesburg, VA 20176

(703) 554-2882; (f) (703) 443-0600

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## FINANCIAL POLICY AGREEMENT

### Payment / Cancellation Policies

In an effort to make the most of our time together, payment will be collected at the start of the visit. A credit card number is required to be kept on file for all appointments. The credit card will not be used unless an appointment is cancelled with less than 24 hours notice and/or if you/family member do not attend a scheduled appointment. Late cancellation/No Show fees consist of the full amount of the session as well as a surcharge fee to offset the cost that MLB Therapy, PLLC is charged to charge the card. (Please see below for details.) The charges will be activated once determined appropriate to do so. Please understand this form will be kept in your confidential file only. Credit card numbers are not kept on a computer, rather in a locked file cabinet with only MLB Therapy, PLLC having access. Should your financial account get behind for one or more visits, services may be terminated.

### **Please provide the following information to hold all appointments made.:**

**Client Name** (if different than the name on the card): \_\_\_\_\_

**Name on card:** \_\_\_\_\_ **Credit Card type:** \_\_\_ MasterCard \_\_\_ Visa

**Credit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**3 Digit Security Code:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### Therapy and Case Management Fees

Intake Appointment: \$165/ 45-minute session

Individual / Family Therapy: \$165/ 45-minute session

Group Therapy: \$70-\$100/ 60-90 minute session (Fees/Duration are group specific.)

**Case management services:** \$165/ hour, broken down into 10-minute increments as follows:

01-10 mins:	\$27.50	21-30 mins:	\$82.50	41-50 mins:	\$137.50
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11-20 mins:	\$55.00	31-40 mins:	\$110.00	51-60 mins:	\$165.00
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Case Management services include services provided outside a scheduled visit. This includes, but is not limited to, reading reports/evaluations, writing letters, consultations with school personal/ involved therapists, attorneys, background investigators, psychiatrists or anyone else mutually agreed upon. This fee also includes telephone calls with the client or family member, beyond scheduling. If a letter or other document is provided at your request, payment is due upon receipt. Fees accumulated for any other form of case management services will be collected in full at the next appointment or billed.

MLB Therapy, PLLC does not provide court related services for clients. If subpoenaed to appear in court for any reason, case management fees apply and a retainer fee of \$1,000 will be charged for court costs. Fees will be charged for necessary time to prepare for court, travel time to the courthouse as well as time waiting for the court proceeding to begin. Reimbursement of any excess retainer fee will be provided after the court case is complete.

### Cancellation Policies

Scheduled appointments consist of valuable time to all involved. All scheduling, rescheduling and cancellation of appointments is required to be done by calling (703) 554-2882. Please provide 24 hours

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notice, via telephone, to cancel any and all appointments that cannot be met. Other methods, (ie) email) is not a guarantee that information will be received within the 24-hr window. If, for any reason, you are unable to provide such notice via telephone, a no show/late cancellation fee for the full fee of the visit as well as a credit card surcharge fee will be charged to your credit card on file. If the office needs to cancel an appointment, then you will receive a phone call as soon as possible.

Arriving 15 or more minutes late will be considered a late cancellation/no-show and appropriate fees will be charged. If you are more than 15 minutes late to a scheduled appointment, I may attempt to contact to reschedule you as a courtesy.

In the event of heavy snowfall, please follow the stated cancellation policy to avoid late cancellation fees. I will likely attend all scheduled appointments, however if I am unable to come, I will contact you.

### **Surcharging Fees**

MLB Therapy PLLC charges 2.9% for all credit card payments. This will include payments associated with a no show or late cancellation of a visit, per the cancellation policies. This fee does not apply to prepaid credit cards. You can pay with check or cash to avoid this fee for attended visits/case management services. Please note, cash is not kept in the office and change cannot be provided if needed.

I understand this expense may be undesirable. Please understand that this fee allows MLB Therapy, PLLC to continue to provide this convenience.

### **Check Payments**

There is a \$30 fee for check payments that get returned due to insufficient funds. If a check gets returned then MLB Therapy, PLLC may choose to only accept credit card or cash payments.

### **Contracts with Loudoun County Mental Health Services**

If your services are under contract with Loudoun County Mental Health Services, then understand that you are still financially responsible until LCMH pays for the visit(s). Also note, that LCMH only pays for sessions attended. If less than 24 hours is provided to cancel, then your credit card will be charged the appropriate fees. In addition, by committing to a group, you understand that the 24-hour policy does not apply-all sessions must be attended or fees are due.

### **Payments for Telemental Health Services**

MLB Therapy, PLLC offers virtual sessions, also known as Telemental Health services, for those who reside in Virginia, the state of professional licensure. Should you agree to utilize this service, you understand that this credit card on file will be charged prior to each Telemental Health session. Payment in full is still required prior to virtual sessions.

\_\_\_\_\_(Initial) **In addition to the terms and conditions within this form, please use this card for payment of each face-to-face visit and/or any outstanding balances due on the clients' account.**

**By signing below, you acknowledge your understanding of the above written information and are in agreement with the terms and therein.**

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date