

In Tandem Counseling, Inc
Kelly Haase, MA, LMFT
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www.kellyhaase.com

Financial Policy

INITIAL:

_____ Fee for services: 50 minute session - \$140
90 minute group session - \$75
Missed/Late cancel fee - \$75

_____ Cancellation of appointments must be made 24 hours or more in advance. Any missed appointments or late cancellations will be charged at the rate provided above and will need to be paid in full before or at your next scheduled appointment.

_____ All payments are due at time of service. Accepted forms of payment include cash, check, credit, HSA/FSA. A penalty fee of \$40.00 will be assessed on all checks returned by the bank for any reason. A 3% convenience charge will be paid by the client for each credit card transaction.

_____ Credit card payments will be accepted via IVY Pay. IVY is a HIPAA compliant business created for therapist/client financial transactions. At your initial credit card charge, IVY will provide you a link via text message to a HIPAA compliant, secure site where you will create a profile and input the information for your credit card. That card will be stored on file (without identifying the full card information to your therapist) for easy payment of future sessions. At the end of each session, Kelly Haase, LMFT will charge the card on file and you will receive a notice/receipt of the charge rendered. You can still choose to pay with cash or check at any time. If you need to change the card on file, please communicate that directly to your therapist.

_____ In Tandem Counseling, Inc. is fee for service. If you would like to submit your therapy receipts to your insurance company for Out Of Network (OON) benefits, Kelly Haase, LMFT will provide you with a superbill. This does not guarantee reimbursement. Reimbursement is dependent upon your individual insurance policy. Please contact your insurance company directly to discuss OON benefits connected to your plan.

I hereby acknowledge that I have read and understand the above financial policy for In Tandem Counseling Inc. I agree to pay for services rendered at the time of each appointment and should I choose to pay with credit card, I give Kelly Haase, LMFT permission to charge my credit card on file.

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if client is less than 18 years of age)

_____ Date _____
Mental Health Provider Signature & Credentials