



CREEKSIDE  
COUNSELING  
PROFESSIONAL MATTERS

CREEKSIDE COUNSELING LLC.

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**PROFESSIONAL FEES, PAYMENT, AND INSURANCE REIMBURSEMENT**

**Fees and Payment**

In order for Creekside to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. We strongly encourage you to consider the fee schedule carefully prior to your initial appointment. Creekside also encourage you to review your health insurance policy to determine your mental health benefits, any limitations on these benefits, if you are entitled to out-of-network benefits, and any reimbursement rates.

Fees for the services you request will be discussed and agreed upon prior to the first appointment. Your signature on the Private Pay Fee Agreement Contract constitutes your agreement to pay the indicated fees. Any future services must be paid in full prior to performance of the service at the fee rate applicable at the time of service. Unless otherwise arranged, all payments are due prior to the beginning of each appointment. Fees related to court appearances must be paid by cash or check at least seven (7) days prior to the requested or summoned court appearance. All other fees may be paid by cash, check or credit card. Checks should be made out to Creekside Counseling.

If you accrue two unpaid appointments through prior arrangement to delay payment as mentioned above, no further appointments will be scheduled until your balance is paid in full. If your account is delinquent for more than 60 days and arrangements for payment have not been agreed upon, we reserve the right to use a collection agency or other legal means to secure payment. In most collection situations, the only information we release regarding a client's treatment is his or her name, the nature of services provided and the amount due.



### **Insurance Reimbursement**

We are not contracted with any private insurance companies and am thus considered an "out-of-network" provider for many clients. For these clients, we are unable to bill the private insurance provider directly. However, we routinely provide clients with a "Record of Services Provided & Fees Collected" (invoice). Clients may then submit this statement to their insurance company for reimbursement (if the client is entitled to out-of-network benefits). Our clients generally report that this arrangement works well for them.

Please note that not all psychological services are covered by all insurance plans. Your insurance provider may only cover a portion of our fees. I strongly encourage you to review your health insurance policy prior to meeting with us in order to determine your mental health benefits. It is your responsibility to verify the specifics of your coverage and to file all claims on your own behalf.

Depending on your financial circumstances and total medical costs for any year, psychological services and the cost of transportation to and from appointments may be tax-deductible expenses. Creekside encourage you to discuss this with a tax advisor.

**Medicare:** We are required to inform you that currently Creekside does not provide services through Medicare, regardless of your eligibility for these benefits. You are still able to use services, but you are responsible for all charges.



**PRIVATE PAY FEE AGREEMENT**

Initial Interview	75 minutes	\$310
Couples, Families & Minors	50 to 55 minutes	\$250-\$300
Individual Therapy (> 18 years)	50 to 55 minutes	\$200
Lengthy appointment	75 - 85 minutes	\$350
Telephone consultation	Per 10 minutes	\$50
Missed appointments	(no call/no show)	Full fee
Appointment Cancelled	without 24 hours' notice	Full fee
Insufficient Funds	(Returned Check)	\$25
Deposition for testimony for court appearance	Per Hour (two hour minimum prepaid)	\$1,000
Deposition for testimony for court appearance	Half day of testimony in court or at a hearing	*\$5,000 (see below)
Deposition for testimony for court appearance	Full day of testimony in court or at a hearing	*\$7,500 (see below)

\*If you or your child become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called or summoned to testify by another party. Because of the difficulty of testifying in legal matters, which often require last minute cancellations of existing appointments, we will charge \$5,000 per half day or \$7,500 per full day for preparation and attendance at any legal proceeding or hearing. Due to the unpredictable time requirements of court proceedings and other hearings, there is a two (2) day minimum retainer for all court or hearing appearances.

All retainers must be paid by cash or check and received at least one week (seven days) prior to the court appearance, whether an agreed upon service or via a summons to appear. Any unused amount from the retainer will be returned via check one month following the final close of the hearing or court case in order to cover any recall for testimony that is required.

Occasionally, clients request additional services such as supplemental reports, attendance at meetings, school visits or conferences, consultation with other providers, or other services not included in weekly psychotherapy or assessment. Our fee for such services is \$250/hour.



If you have questions or concerns regarding fees, we encourage you to speak with us directly. If the financial commitment required for our services exceeds your resources, you may choose to contact your insurance provider for assistance locating an in-network mental health provider.

**For Parents of Minors**

The parent who brings the child is responsible for payment in full at the time of service. If the child attends a session without the parent, payment will need to be sent with the child or provided in advance. In the case of separated or divorced parents, where one parent is court-ordered to pay for services, a copy of the court-order in its entirety must be provided before this information can be used. Additionally, in the case of separated or divorced parents where both parents have legal custody, both parents are required to review and sign the Fee Agreement Form and all of the Consent Form.

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**PATIENT'S SIGNATURE**

**DATE**

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**PRINTED NAME**