

FEES AND “GOOD FAITH ESTIMATE” FOR THERAPY SERVICES

Under the new “No Surprises Act” you have a right to receive a “Good Faith Estimate” explaining how much your therapy services will cost. Healthcare providers are required to provide clients who do not have insurance or who choose not to use their insurance for therapy services with an estimate of the cost of those services. The total cost for each client will vary depending upon the presenting issues brought to therapy; the length of time and frequency of sessions that occur throughout the therapeutic relationship; the various modalities used for therapy (i.e. individual, marital or group therapy); time and commitment given to the therapeutic process between sessions. My fees and list of service options are detailed below:

FEES, PAYMENT and INSURANCE;

You will be invoiced at the time of service. Payment is due at the time of service. You will not receive any unexpected bills.

I DO NOT do filing on insurance for clients. If you are filing insurance you may ask me for an invoice for you to submit for reimbursement to be paid directly to you. Your insurance is a contract between you and your insurance company. Please contact your insurance provider to verify if your plan compensates you for mental health psychotherapy services. These are a few questions that may help you determine your benefits when you contact your provider:

- * Does my health insurance plan include mental health benefits?
- * Does my health insurance plan cover mental tele–health counseling?
- * Do I have a deductible? If so, what is it and have I met it yet?
- * Does my plan limit how many sessions per calendar year I can have?
If so, what is the limit?
- * Does my plan limit how many sessions per week I can have?
- * Do i need a referral from my primary care physician or OBGYN in order for services to be covered?

If you are using an FHSA card, please confirm with them if it covers mental health charges. And what is required to cover services at ACTSolutions, by Deborah M. Wade, MA, LPC, LMFT, CST, CSAT (LPC #10977; LMFT #2179).

You will still be expected to pay for each session at time of service. I accept payment by credit card via Square or Stripe (AMEX, MC, VISA); check; or cash.

FEES for Therapy per Session:

My fee for the Initial Therapy 90 minute session: \$275.00.

In person or virtual.

My standard fee for each 50 minute psychotherapy session for individual or marital/family session: \$185.00. In person or virtual.

My standard fee for each 90 minute psychotherapy session for individual, marital or family session is: \$275.00. In person or virtual

You get to decide if you want to schedule a 90 minute session or 50 minute session for each session.

For Sexual Intimacy Therapy, in addition to the initial 90 min session (\$275.00), as part of assessment there will also be **two–2 hour sessions** for gathering family of origin information; identifying the sexual barriers and difficulties; and identifying goals for therapy. My fee for the two hour assessment session is \$300.00. **(I will NOT do a 2 hour session virtually).** Continuing sessions will be either 50 min or 90 min sessions; weekly, bi-weekly, tri-weekly or monthly until you have reached you sexual goals. Busyness of life, parenting demands, work schedules will all need to be considered to determine how often a couple comes in for the therapy sessions. Sexual Intimacy therapy does require commitment to sexual retraining exercises between the couple between sessions.

For women seeking treatment for sexual pain, in addition to individual and marital sessions, I will recommend the women's pain group (but that is your decision whether you decide to attend). The cost for the women's pain group is \$30 for each group session that you attend. Also, I will always recommend that you have a beneficial OBGYN and will recommend a pelvic floor therapist. Those cost to those providers will be separate from my fees.

The exact number of sessions for sex therapy, cannot be determined. We will evaluate how you think you have benefitted after each session; you get to decide if you want to continue with Sexual Retraining Exercises and additional therapy sessions. After the initial session at \$275.00, plus two –2 hour sessions at \$300.00; I recommend committing to 12 sessions. After the 12 sessions we will discuss your progress and how/if you want to proceed with therapy.

For Sexual Addiction Recovery or Betrayal Recovery for individuals or couples impacted by infidelity or addiction, in addition to the: initial 90 min session (\$275.00) and continued weekly 50 min sessions (\$185.00); I require that at some point early in the therapy process to do a two hour **Disclosure Session** (\$300.00); a two hour **Impact Session** (\$300.00); and a two hour **Amends Session** (\$300.00). These sessions must be done in person. I do not offer these sessions virtually.

If you choose for other therapists to be involved in that process, you will be expected to cover the cost of that therapist based on that therapist's fees.

The exact number of sessions needed for recovery **cannot** be determined. But I recommend that you commit to at least one year of weekly therapy. Recovery from betrayal is a long complicated process. But well worth it when both parties choose to do the work. We will evaluate how you think you have benefitted after each session; you get to decide if you want to continue with additional sessions. I will typically recommend that the Addict/Betraying party be a part of a Sexual Integrity Group. Those fees are determined by the facilitating therapist.

I will typically recommend that the betrayed party to attend a Restorative Betrayal Group (\$75.00 per group session for 12 sessions total \$900.00).

I recommend both parties to have individual therapy as well as marital therapy.

Initial session:	\$ 275.00 for 90min
Disclosure session:	\$ 300.00 for 2hr
Impact Session	\$ 300.00 for 2hr
Amends Session	\$ 300.00 for 2hr
Weekly Sessions	\$ 185.00 for 50min
or Weekly Sessions	\$ 275.00 for 90min

We will address at the end of each session if you want to schedule the next session.

Court Fees: Should I be subpoenaed for any court issue that you are involved in, my fee is \$450.00 per hour/preparation/appearance

My "NO SHOW" fee (that is if you do not arrive for your appointment or do not call within 24 hours prior to the appointment to cancel it): you will be expected to pay the full scheduled session fee. That fee must be paid before rescheduling the next session. I appreciate your respect and understanding of my time.

My group fees vary:

Women's Betrayal Group is \$75.00 for each 2 hour session of a 12 Session cycle: \$900.00

(client is committing to the full cycle even if she has to miss a session).

Marital Intimacy Group is \$150.00 per couple for each 2 hour session of a 13 Session Cycle: \$1,9050.

(couple is committing to the full cycle even if they have to miss a session).

Women's Sexual Integrity Group is \$75.00 per each 2 hour session of a 12 session cycle: \$900.00.

(client is committing to the full cycle even if she has to miss a session).

Women's Sexual Pain Group is \$30.00 for each 2 hour session she attends. This is an open group, does not require attendance commitment.

During your initial assessment session we will discuss your therapy needs; whether you will need weekly sessions; bi-weekly sessions; tri-weekly; or monthly sessions. If applicable, identify what groups that may be beneficial; and other referrals options to best optimize your therapeutic process.

Due to not knowing all the extenuating circumstances of why someone is choosing therapy, it is not possible to be exact on the the amount of therapy or the exact length or the therapeutic process. We may calculated together the estimated cost based on agreed upon sessions and therapeutic modalities. I typically recommend that one would commit to at least 12 sessions of therapy; then as therapist and client, we will determine if therapy needs to continue; whether you are benefitting from the therapy process; if you would like to terminate the therapeutic relationship (which you may do at anytime); and evaluate if you desire a referral.

Often therapy is a longer process than what one initially believes (it often takes months or years: due to the complexity of addiction recovery; or sexual trauma recovery; Sexual pain and sexual desire issues are also very complicated). The busyness of life and schedules also has to be taken into consideration, because much of the therapeutic process takes place between sessions. Therapy requires a commitment from the individual or couple to participate in the healing process.

As I have stated you will never receive a "Surprise Bill" from me. You will receive an invoice for the service at the time of each session. But I am required to inform you that should you ever receive a bill that is \$400 or more than what

we have estimated for your sessions, then you can dispute the bill. To learn more about your right to dispute the bill you may visit www.cms.gov/nosurprises.

If you have any questions regarding this or any other therapy questions before you start the therapy process, please call me directly at 817-707-3329. I want you to be as informed as you possibly can before you start a therapeutic relationship with me. Therapy already requires much risk and trust, my desire is that you are prepared as possible for the financial investment that you will be making in your emotional, mental, sexual and spiritual health. My hope is that you can live the best life possible whether you are single or married; young or more mature; newly wed or married 50 plus years. Life is too short to live it "un-well".

If you have read the above and want to begin therapy, sign, date. Email this form with your new client paperwork. I will make a copy so that you have one on hand.

Client Name: Print _____ Date _____

Client Signature _____ Date _____

Deborah M. Wade, MA, _____ Date _____
Licensed Professional Counselor #10977 Texas
Licensed Marriage and Family Therapist #2179 Texas
Certified Sex Therapist by ABCST
Certified Sex Addiction Therapist by IITAP

If you need a more detailed estimate than what is expressed in the above "Good Faith Estimate" you may request it. Please sign and date below. Call me and ask for a detailed estimate. 817-707-3329. I will email you a detailed one.

Client Signature: _____

Date: _____

you can visit www.cms.gov/nosurprises/consumers or call 1-800-985-3059

