

Glenda Josephine Day, LCSW, LSCSW

Independence Growth Centre

150 E. Kansas Avenue

Independence, Missouri 64050

816-886-2670

FEE SCHEDULE/PAYMENT OPTIONS

SELF PAYMENT

_____ If I choose this option, I understand I take full responsibility for my payment to Glenda Josephine Day, LCSW, LSCSW of \$130.00 for individual, \$160.00 for family/couple's sessions or \$60.00 for group sessions. I also understand that Glenda Josephine Day, LCSW, LSCSW will not be billing or interacting with insurance providers for reimbursement purposes. **This provides clients with the highest level of confidentiality.**

BILLING INSURANCE FOR NON-PROVIDERS AND PROVIDERS

_____ If Glenda Josephine Day, LCSW, LSCSW is not a provider on my insurance panel, I agree to pay to Glenda Josephine Day, LCSW, LSCSW at the time of service the rate of \$130.00 for individual, \$160.00 for family/couple's sessions or \$60.00 for group sessions.

_____ **I understand that I can request a full receipt for sessions attended which will include my diagnosis information. I also understand that my diagnosis information may be used by my insurance company to determine future health benefits or life insurance benefits.**

ACCOUNT INFORMATION FOR PAYMENT OF SERVICES

Card account information: Visa _____ M/C _____ Am Ex _____ Discover _____ Other _____

Card Number: _____

3 digit security number on the back of card: _____ Expiration Date on card: _____

FEE SCHEDULE FOR LEGAL/MEDIATION/COURT APPEARANCES/INVOLVEMENT, WRITING REPORTS AND ASSESSMENTS FOR LEGAL PURPOSES

_____ **I will pay Glenda Josephine Day, LCSW, LSCSW at the time of service the rate of \$350.00 per hour for services involving the legal system, court cases, assessments or written reports. This is not covered by insurance and is the client's responsibility prior to involvement.**

Client/Parental Signature

Date