

Jessica Saperstone, LCSW

Terms of Service

1. Sessions are billed at the rate of \$120.00 per session. Most sessions are approximately one hour unless specified in advance to last longer. If scheduled to be longer, the fee is prorated based upon the hourly rate.
2. Payment is due at the time of service. Cash, check and credit card are accepted.
3. ***I do not bill insurance.*** If you have insurance, I will provide you with the required form to submit for reimbursement. This however does not guarantee that you will be reimbursed. Please contact your insurance carrier to inquire about your outpatient mental health benefits, whether or not you are required to use an in-network provider, any additional documentation that they require. ***I am a contracted provider with Poudre School District's Employee Assistance Services. The contracted rate for clients with PSD insurance apply.***
4. I ask that you ***kindly give 24 hour notice*** if you are unable to keep a scheduled appointment. ***Late cancellations or no shows are subject to full fee.*** I generally maintain a waiting list, and will do my best to fill your appointment time if 24 hour notice is not given. Also, depending upon circumstances, please consider a telephone or Skype session in order to make use of time reserved. This policy is not meant to penalize you; rather, to maintain quality in our work together by not overbooking clients. Clearly, I do not want you to come to an appointment when you are ill, and I understand that emergencies happen. All clients are given one "free pass" when it comes to cancellations that occur with less than 24 hour notice.
5. I am happy to answer brief phone calls or emails between sessions. I prefer to limit texts to scheduling issues. More extensive conversations will be charged as an office visit. In addition, please allow 24 hours for non-emergency calls and emails to be returned.
6. By agreeing to services from me, you agree not to subpoena me to testify in court in any type of litigation. You also agree to not request that I write any reports for Court or for your attorney
7. I hereby acknowledge that I have read, understood, and agree to the above information and terms of service.

Signature _____ Date _____