Dianne L. Haslinger M. Ed., LPCC-S 1715 Indianwood Circle Ste 200 Maumee, OH, 43537 Ph 419-304-3798 Fax 419-382-1222 www.optimistictherapy.com

Misc Counseling Fees (as of January 1, 2015)

Hourly Rates of additional services not covered by insurance

Signature of Client/Parent/Legal Guardian	Date
I have read and agree to the above terms.	
I understand that I will pay a fee for missed appointm to the appointment time. Payment is due at next session.	<u>-</u>
This office will assist you in understanding the details of your covera understand your policy, as you will be held financially responsible	
You have a choice of paying with cash, check or credit card. In insufficient funds, there is a \$30.00 fee plus the amount of the return appointment.	, ,
Due at time of service: <u>co-payment or self-pay fee. You with coinsurance or deductible.</u>	ill also be responsible for any
We will submit your claims to your insurance company. Howe responsibility of negotiating claims with insurance companies. what type of mental health benefit insurance coverage you have	It is your responsibility to determine
No Call/No Show or Same Day cancellation first occurrence	
Report Writing	per estimate
Self-pay rate	\$ 60.00