Discovery & Wellness Counseling, PLLC. Heidi Brouelette MA. LPC.
Scottsdale Office: 4300 N. Miller Rd. Suite 222 Scottsdale, AZ 85251
N. Phoenix Office: 34406 N. 27th Dr. Bld. 6, Suite140 Office103a Phoenix, AZ 85085
www.discoveryandwellnesscounseling.com /HBrouelette@gmail.com
Phone: 480-677-9913 Fax 623-223-1334

Fee Agreement

Payment is due at the time of service. The fee for services is as follows:

Individual, Couple, and Family sessions:
75- minute session- $ 180.00
50- minute session- $130.00

Group sessions:
75 – minute group session- $ 50.00 per session *

*Group admission requires an initial intake a 50-minute session, at the rate of $130.00. Pending the amount of group sessions the full amount of the group must be paid in full or can be split in two payments. Example, if there are 8 group sessions, the total required is $130.00 + $400.00.

Payment can be made via for following:
Cash, Check, Debit Card, Credit Card, Health Savings Account (HSA), or Flex Spending Account.

If you have Out of Network benefits, your insurance may reimburse you for a portion of this fee. It is your responsibility to contact your insurance company and inquire what your out of network coverage entails**.** If you do have this type of coverage, you must still pay at the time of service and you will be responsible for pursuing any reimbursement for m you insurance company. Upon request I can provide you with a "Superbill" for services for you can submit to your insurance.

At your first appointment you will be asked to give your credit card information and agree to authorize Discovery and Wellness, PLLC to charge that card for your initial session in the event that other payment(s) have not been made at the time of service, or in the event of a late cancellation or a missed session that was not cancelled prior to 24 hour notice.

Initial: ___________________

Phone Contact:
Is billed at the same rate as face-to-face session. There is no charge for phone calls lasting 15 minutes or less.

Other Professional Services:
I will prorate my hourly cost into 15-minute segments if I work for periods less than one hour. Other professional services include report writing, telephone conversations lasting longer than 15 minutes, preparation of records or treatment summaries and time spent performing any other service requested of me within my scope of practice.

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Cancelations and Missed Appointments:
Please be aware that you may leave a voice mail, text or e-mail to cancel our appointment 24 hours a day as long as you cancel your appointment at least 24 hours in advance from the time of your scheduled appointment, you will not be charged. However, ***you will be billed the full session rate (whatever your session length was) for any cancellations made less than 24 hours prior to your scheduled appointment.*** Please be aware that insurance generally does not reimburse clients for missed or late cancelled appointments.

Unpaid Balances: Please be aware that Discovery and Wellness, PLLC **will be unable to continue services once you accrue an overdue balance of $260.00 or more or if you no-show three consecutive sessions.** Your file will be closed and a letter notifying you of this will be sent to the address listed on you intake paperwork.

Initial: _______________

I authorize the following credit card to be on file and for Discovery and Wellness, PLLC to charge this credit card under the following circumstances: **1) services received for which other payment has not already been made, 2) appointment that I miss or cancel within less than 24 hours of my scheduled appointment time and 3) phone consultations lasting longer than 15 minutes & any other professional service requested of me.** Once card information is entered into the billing program card numbers are destroyed for your protection.

Credit Card Type:

Visa ____________ Master Card _________ Discover ___________ American Express___________

Health Savings Acct. _________ Flex Spending Acct. __________

Name as it appears on the Card: ____

Credit Card Number: _______________ / ________________ / _______________ / __________________

Expiration Date: ______________ / ________________ CVC Code: ________________________

Client's printed name: ____

Signature: ____ Date: ____________________