

TAMMY POWELL LLC  
FEE AGREEMENT

This fee agreement dated below is between: \_\_\_\_\_ (Responsible Party) and Tammy Powell LLC (Service Provider). The Responsible Party will be referred to as RP and the Service Provider will be referred to as SP throughout the rest of this agreement.

**Term of Agreement:** The term of this agreement will begin on the date of the first service, and will remain in full force and effect until completion of services. Fees are reassessed yearly.

**Compensation:** Service Fees: Initial Assessment \$200.00; Therapy Session (16-37 min) \$62.50 Therapy Session (38-52 min) \$105.00; Therapy Session (53+ min) \$125.00; Group Therapy \$40.00.

Co-payments are due at the beginning of each session. A \$5.00 service charge is added to the account for each session where the co-pay is not paid at the time of service. Denied insurance claims are due 10 days after the date on the client bill.

**Ancillary Services:** The SP will be reimbursed for the following expenses incurred in connection with providing services. Ancillary services usually are not covered by insurance companies.

**Phone calls:** \$25.00 per 15 minutes (note: phone sessions may or may not be covered by your insurance).

**Treatment summaries, written reports, letters:** \$80.00 per occurrence.

**Returned checks:** \$35.00 per occurrence.

**Records Request:** Records requests must be made in writing. Contact Tammy Powell to receive the Records Request Form. A signed release of information must be on file before records are released. The Ohio Revised Code 3701.741 allows for the following fees to be collected in association with records request: \$3.11 per page for the first 10 pages; .65 cents for pages 11-50; .26 cents for pages 51 and higher; actual cost of postage. The fees set forth by the ORC will be followed by Tammy Powell LLC.

**Court Action/Legal Fees:** Clients are discouraged from having their SP subpoenaed. Even though you are responsible for the testimony fee, it does not mean my testimony will be in your favor. I can testify only to the facts of the case and to my professional opinion.

**Preparation time** (including submission of records): \$150/hr.

**Phone calls:** \$150/hr.

**Depositions:** \$150/hr.

**Time required for testimony** (time starts when SP leaves the office and stops at the time SP returns at the office): 175/hr.

All attorney fees and costs incurred by the therapist because of the legal action will be paid by the RP. A retainer of \$1000.00 is due in advance. If a subpoena or notice to meet with attorney is received without a minimum of 48-hour notice, there will be an additional \$175.00 charge. Also, if the case is reset with less than 72 business-hour notice, the client will be charged an additional \$300.00 to the retainer.

**Late Penalties:** The following penalties will be imposed on the RP for failing to pay the SP in timely fashion: A service fee of \$5.00 per month will be charged for unpaid charges over 30 days old. RP will be referred to collections for unpaid charges over 90 days old.

**No Show/Late Cancellation Penalties:** The appointment time is reserved for the client only; therefore a charge will be imposed if the client fails to show for a scheduled appointment or does not cancel 24 hours in advance. Late cancellations for emergencies can be discussed with SP. The no show/late cancellation charge is \$60.00.

**Confidentiality:** The SP may disclose the minimum necessary confidential information for reimbursement: To a 3<sup>rd</sup> party insurance provider where the Client or RP presents an insurance card/company as a reimbursement source. In the event Client or RP accounts have gone unpaid for 90 days, the SP may release a copy of this agreement, Client or RP contact information, and a copy of any billing sent to the client to a 3<sup>rd</sup> party collection service. No other confidential information will be released. RP is responsible for all collection of fees, including attorney fees and court costs.

**Modification of Agreement:** Any amendment or modification of this agreement or additional obligation assumed by either party in connection with this agreement will be binding only if evidenced in writing and signed by each party or an authorized representative of each party.

I acknowledge that I am responsible for payment of services in full. If I choose to use a 3<sup>rd</sup> party, such as an insurance carrier, for reimbursement services, I acknowledge that I am responsible for payment of services in full, even if the 3<sup>rd</sup> party does not reimburse for the services provided.

My signature below represents that I have read, fully understand, and agree to the terms set forth in this agreement:

---

Signature of Responsible Party

Date

---

Signature of Service Provider

Date