EMERALD BEHAVIORAL HEALTH
SINCE 2019

STATEMENT OF FEES: Update effective 11/1/2024

Insurance billed services:

Initial Assessment: $350,
Individual Therapy: $250 per session,
Family Therapy: $250 per session

Services not typically covered by insurance:

Late cancel/no call/no show: $100 per occurrence.
Court/Testimony: $400 per hour of time that presence is required, four (4) hour minimum charge. Billing starts from the time Therapist leaves their office and ends when the court dismisses Therapist for the duration of the case. This requires a $1,600 deposit that will be applied to balance due.

Consultation with attorney/doctor/other provider/etc. at request of client: $50 per 30-minute duration, $50 minimum.

Letter drafting: $45 per one page letter.

Licensure supervision: $175 per hour

Documentation replication: Copies of records are charged at the rate allowed per the State of Oregon as of 10/30/2022 and are follows:

- $30 for copying 1 through 10 page
- $0.50 per page for pages 11 through 50
- $0.25 for each additional page
- Bonus charge of $5 if request for records is processed and records are mailed by first class mail to the requester within seven business days after the date of the request.
- Postage costs

I have reviewed Emerald Behavioral Health's fees and I am aware that they are subject to a sliding scale as negotiated if applicable.

Please read each item carefully:

- I understand that my insurance will be billed for the therapy services at the rates listed above and that any self-paying clients will have rates negotiated at a sliding scale according to need.
- I understand Emerald Behavioral Health accepts some insurance for eligible services.
- I understand that court testimony/appearances, letter writing, records reproduction, and consultations are not always billable to insurance and are likely to be an out-of-pocket expense.
- I understand that the fees and terms of this statement can be changed with 30 days' notice.
- I understand that I am **REQUIRED** to keep a current payment method on file.

- I understand that payment/copay/outstanding balance will be billed to the card on file at the time of each service.
- I understand that if I have a balance due on the last business day of the month, unless other arrangements have been made, the card on file will be charged for the amount due.
- I understand that if my account is 30 days past due, unless other arrangements have been made, that my account must be brought current to before scheduling any future appointments.
- I understand that if my account is 90 days past due, Emerald Behavioral Health may initiate collections of this debt with a third party debt collector.

My signature below attests to my having read and understood the information and indicates my agreement to the terms and conditions outlined above.

Signature Date