
MICHELLE CATANIA, LMFT LLC

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239 Graham Road
South Windsor, CT
06074

FINANCIAL AGREEMENT

By signing below I agree to the above fee schedule and understand payment (cash, FSA, credit card, or check) is due in full (including copays) at the beginning of each counseling session.

I also agree to pay a fee of \$10 plus the amount of the check for any returned checks.

I understand the following regarding use of insurance or the sliding fee scale:

If I have insurance coverage with a company that Michelle Catania, LMFT is in-network with (Husky, Anthem Blue Cross/Blue Shield), I have the following options:

Bill my insurance using an approved diagnostic code at the fees listed above

Pay the fee listed above in full

If I have insurance coverage with a company that Michelle Catania, LMFT is out-of-network with (any company not listed above), I have the following options:

Bill my insurance using an approved diagnostic code (in which case I could be responsible for the difference between what my insurance covers and the full amount listed above, regardless of what the allowed amount would be for an in-network provider)

Decide not to use my insurance and pay in cash, using the sliding fee scale, which is an objective fee scale based on my income and other factors

If I do not have insurance coverage or choose not to use it, I have the following option:

Pay the fee listed above in full if my income exceeds \$80,000/year

Pay the appropriate amount based on the sliding fee scale if my income is less than \$80,000/year

The agreed upon fee per 50-60 minute session is _____.

Comments or notes about fees or fee arrangements:

Client: _____ Date: _____

Therapist: _____ Date: _____
