SMITH COUNSELING SERVICES

Child Mental Health Specialist & Licensed Independent Clinical Social Worker Dana Smith, LICSW, MSW, CMHS, PLLC

714 E. Edison Ave. Ste. B, Sunnyside, WA 98944 ~ Phone 509-515-0420 ~ Email DanaSmith7411@gmail.com

CLIENT AUTHORIZATION:

I authorize Dana Smith, LICSW, MSW, CMHS, PLLC to provide counseling and therapeutic services. No guarantees have been given by Dana Smith, LICSW, MSW, CMHS, PLLC as to the results that may be obtained. I indemnify and hold Dana Smith, LICSW, MSW, CMHS, PLLC harmless from any and all claims arising directly or indirectly from the services rendered by her under this agreement. Such indemnification shall include attorney fees and costs.

CLINICAL SERVICES AND FEE AGREEMENT:

Dana Smith, LICSW, MSW, CMHS, PLLC is a private, clinical service provider. I am currently an in-network provider for most major insurance companies. I can also bill most out of network benefits for other insurances. I would be glad to bill your insurance. If you are submitting your own insurance claims, I am glad to provide a receipt for you to send to your insurance company at your request. A limited number of sliding-scale fee slots may be available and are dependent upon income level. Each particular fee, co-pay, deductible ect. is due at the time of service; payment may be made by personal check, credit card or exact cash. I do not regularly bill secondary insurance but will provide you with a receipt of payment for your records.

Please understand that when you make an appointment, I am reserving that time for you. If you are late, there may or may not be a possibility of extending your session to give you your full time. If you miss an appointment, that is time that could have been spent with another client, therefore it is necessary for me to charge an \$80 fee for missed appointments. Medicaid clients may forfeit their regularly scheduled appointments and may then be offered less prime slots. There will be no charge if notice is given 24 hours before the session, or if you are ill or have an emergency.

AUXILIARY SERVICE FEES:

The auxiliary service fees are listed below. All clients are personally responsible for these charges in full. NOTE: insurance often will not cover these services.

TERMS AND CONDITIONS: I understand and agree that:

- The clinical fee or co-pay is due and payable by me at the time services are rendered.
- If the account should become delinquent, it will be subject to collection with any costs of fees resulting there to be paid by me, including, but not limited to, court costs and attorney fees.
- If my personal check is returned for non-sufficient funds (NSF), a service fee of \$35.00 will be added to the face value of the NSF check.
- Dana Smith, LICSW, MSW, CMHS, PLLC reserves the right to charge me \$80 for any session that I cancel or do not show for, with less than 24 hours notice, unless ill, have a true emergency or prior arrangements have been made with Dana Smith, LICSW, MSW, CMHS, PLLC. I will receive a copy of the cancellation policy as well.

Individual Signature	Date	Dana Smith		Date	
Parent/Legal Guardian	Description of Authority		Date		