



Tracy Webb, Ed.S., LPC
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tracywebbcounseling.com

CONSENT & FEE AGREEMENT

- 1) I consent to counseling with Tracy Webb of Tracy Webb Counseling, LLC.
- 2) I received a copy of *HIPAA* and understand counseling confidentiality standards.
- 3) I understand a 24-hour notice is required to cancel appointments or a \$50.00 charge will apply. (In the event of an emergency the fee may be waived.)
- 4) I acknowledge the following FEE FOR SERVICE counseling fees:

Intake/Initial Session 60-75 Minutes	\$95.00 - \$125.00
60 Minute Individual Counseling/Therapy Session	\$95.00
90 Minute Individual Counseling/Therapy Session	\$140.00
60-90 Minute EMDR Session	\$95.00 - \$140.00
Missed Appointment Fee	\$50.00
- 5) I acknowledge the following reimbursement schedule set for Tracy Webb Counseling, LLC by CBA for BCBS. Your deductible and copay/coinsurance amounts are determined by your individual insurance policy.

Initial Session 60 Minutes	\$100.00
Psychotherapy 60 Minutes	\$89.00
Psychotherapy for crisis, 60 Minutes	\$90.00
each additional 30 minutes	\$35.00

Client Signature (or parent/guardian if client is a minor)

Date

PAYMENT METHOD: VISA MC AMEX HSA

Cardholder's Name _____ **Relationship:** _____

Email for Receipt: _____

Card Number _____ **Exp** ___ / ___ **CVV** _____ **Zip Code** _____

INSURANCE PROVIDER: _____ **MEMBER ID#** _____

NAME OF INSURED: _____ **RELATIONSHIP:** _____

PREFERRED ADDRESS FOR ANY INSURANCE CORRESPONDENCE: _____