

**Leslie C. Simmons, LCSW**  
**Rate Information - 2022-2023**

*Current rate schedule:*

*Initial Assessment (45-50 min) \$175*

*Individual Therapy (45-50 min) \$150*

*Parent session, siblings, parent-child, couple (50-90 min \$175-250)*

*Court appearance, testimony, record requests \$350/ hour (4 hour minimum)*

*Case management (\*Case management (includes documentation requests, letters, misc) \$150/hr*

*Emotional Support Letters \$150 (\*must be current client of record)*

***Cancellation Policy***

*When a client does not provide MORE THAN 24 HOURS NOTIFICATION for a cancellation or does not show up for an appointment, the same session fee is charged in full for the service. A credit card is kept on file and will be charged automatically in the event of this circumstance. In addition, if a client is 15 minutes or late for an appointment, a missed session fee will be assessed in the appointment will be rescheduled.*

***Statement of Fee-for-Service Policy***

*I am a fee-for-service provider which means I do not accept in-network insurance. This decision allows me professional latitude to manage your care, free from the constraints placed upon practitioners by insurance companies who control mental health care many times without regard for client privacy, best practice standards and the clients overall best interest. In a fee-for-service business model, I am able to control your privacy and mental health records as well as manage your care with the utmost ethical standards.*

*If you have insurance which allows out-of-network benefits, you can request a claim form and file a claim for reimbursement. Upon request, I will provide a monthly invoice (Superbill). I do not guarantee reimbursement and I don't administrate claims. Before initiating therapy, be sure to contact your insurance provider to determine the limits for out-of-network providers.*

*All session fees are due at time of service unless arrangements have been made in advance.*

*Returning clients must complete a new assessment, if more than one year has lapsed since the last visit.*

*I accept cash, check, debit cards, credit cards and HSA/FSA cards (cards are subject to a 4% service fee)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*