Ryan Loiselle, LPC (#C5073)
In private practice at In Context, LLC located at Brave Space, LLC.
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Fee Disclosure and Agreement

Individual therapy	$175/hr. session or contracted rate
Couples/ & Relational Work	$175/hr. session
Assessment for Medical transition (Surgery Readiness Letter)	$180.26 for session and document
Sliding Scale Fee for Service	Inquire directly
Case Management	$40/15 min.
Clinical Consultation	$90/hr. or $50/30min.
Clinical Supervision	$90/hr.
Late Cancelation No-Show Fee	$50
Groups	Inquire directly
Trainings	Inquire directly

Sliding Scale Fee by individual income thresholds*

Individual Session Rate for children and adult**

Family Size	$80-100	$110	$120	$140	$160	$175
1	0-$28,410	$28,411-$35,513	$35,514-$42,615	$42,616-$49,718	$49,719-$56,820	$56,821+
2	0-$32,570	$32,571-$40,713	$40,714-$48,855	$48,856-$56,998	$56,999-$65,140	$65,141+
3	0-$36,730	$36,731-$45,913	$45,914-$55,095	$55,096-$64,278	$64,279-$73,460	$73,461+
4 +	0-$40,890	$40,891-$51,113	$51,114-$61,335	$61,336-$71,558	$71,559-$81,780	$81,781+

*Sliding scale fee is offered based on rates outlined above and as space allows. Individuals experiencing severe situational financial hardship such as loss of job or income, homelessness, or those whom are experiencing mental health crisis may be able to access lower scale fees for up to 4 sessions. Please just check with me.

** Rates may differ for couples/relational therapy, groups, clinical supervision and professional consultation and training so please inquire with me directly.

Insurance
I am currently in-network for OHP, Aetna, Moda, PacificSource, Providence, UnitedHealthCare, and Blue Cross / Blue Shield. If you have a different carrier, I can provide you with a billing summary at any time that you can submit to your carrier for possible reimbursement as out-of-network services. These billing summaries will often need to have your current diagnosis listed on them to be considered for reimbursement and the level of reimbursement is always dependent on your individual plan and out-of-network benefits. I'm also happy to explore single-case agreements and getting credentialed with your carrier in the future as well. By signing this fee agreement, you will be authorizing Medical Billing Northwest and myself to release your personal information in support of billing your insurance provider for the contracted fee for service. All copays, co-insurance and deductibles are due at time of service.

Payment of Fees
100% payment is due in full upon the actual date of service. I may choose to reschedule your appointment if you are unable to pay for the service. If you have a balance on your account, I may also choose to not see you in the future until that balance is paid in full. If you have questions regarding the payment of fees or your rates, please discuss them with me. I can always provide you with a billing summary so that you can track and account for your services with me. As stated above, all copays, co-insurance and deductibles are due at time of service. **My no show/late-cancelation fee (within 24hrs) of $50 is due at the time of your next visit.**

I generally take payments through my secure payment mobile payment app, IvyPay which allows me to charge a card you have placed on-file for fees as they accrue. I also accept Cash, Checks (payable to "In Context, LLC"), Credit card (Visa/MC, American Express, Discover, and Health Savings Accounts HSAs.) Additionally, payment can be made via PayPal to ryan@incontextcounseling.com or Venmo to $InContext.
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Notice: There will be a $25.00 fee assessed for NSF/Returned checks.

The client below agrees to pay _____ / Session for sessions.

As stated above, by signing this fee agreement, you will be authorizing Medical Billing Northwest and myself to release your personal information in support of billing your insurance provider for the contracted fee for service. Additionally, you agree to pay any outstanding balance including copays, co-insurance rates and deductibles, and late cancelation/no fees at time of service.

_____ _____
Printed Chosen Name of Primary Client Date-of-birth

_____ _____
Signature of Client or Legal Guardian if client is under 14 Date

_____ _____
Signature of Youth (14-18) if applicable Date