2026 COUNSELING FEE SCHEDULE

AND PAYMENT TERMS

PROFESSIONAL SERVICES & FEES

TYPE OF SERVICE (IN-OFFICE & ONLINE)	FEES
Initial Assessment (60-75 minutes).	**$350 per hour**
Individual Therapy (50-60 minutes).	**$300 per hour**
Group Therapy	**$150 per session**
Other Services below (prorated for time spent):	**$300 per hour**

Other Services include:

- Report/Letter Writing
- Phone Calls longer than 10-15 minutes
- Email, Record copying, Mailing, etc.
- Session over 60 mins (not billed to insurance)

OTHER FEES

POLICY	FEE
Late Reschedule/Cancellation (weekday appt): (less than 24 hours notice)	**$190**
Late Re-schedule/Cancellation (weekend and/or in-office appt): (less than 48 hours notice)	**$190**
Missed Appointment (not attended within 15 minutes of scheduled time):	**$190**
Bounced Check Fee	**determined by bank**

ACKNOWLEDGMENT & PAYMENT RESPONSIBILITY

I have read, understand, and agree to the fee schedule provided.

I understand that the payment is due at the time of service.

I understand that I am responsible for the full fee of service until Fatima Wasim PhD LPC CPCS HSP has received an explanation of benefits (EOB) from my insurance company (if applicable).

I understand that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered.

EXTENDED SESSIONS, INSURANCE & BENEFITS

I understand that a therapeutic hour (billed to insurance) is 45-60 minutes. Anytime the session goes over 60 minutes, unless advised by therapist or prescheduled as such, I (not the insurance) will be responsible to pay at the rate of $5 per minute or $25 for 5 minute increments. Any additional (unplanned) time will NOT be submitted to insurance and I will be solely responsible to pay the balance the day of visit.

If the insurance does cover the extended session, I will be refunded the amount charged.

I understand that I am responsible for keeping track of the number of sessions used particularly if my therapy sessions are combined with other medical, psychological, or psychiatric appointments.

I hereby authorize and request the insurer(s) pay directly to ENAYA COUNSELING AND CONSULTING LLC any benefits due under the terms of this policy for services rendered.

CANCELLATION, ACCOUNT & PAYMENT TERMS

I understand that I will be charged the above fee for appointments I fail to cancel within 24 hours (telehealth) or 48 hours (in-office and/or weekend) or for appointments that I miss, except for in cases of emergency. I understand that my insurance company will not pay for missed appointments or for appointments I cancel late or the repeatedly extended sessions. I also understand that fees for late or missed appointments will not count toward my deductible by my insurance company.

I understand that there may be a 2 % per month (24 % annual percentage rate) interest charge on all accounts that are NOT paid within 30 days of the service date.

I understand that if the payment is denied or rejected by the credit/ hsa/debit card on file, it is my responsibility to update it and pay before the next scheduled session. Failure to do so may result in termination of services or extra fee of $50 PER SESSION.

I understand that the check(s) should be payable to: ENAYA COUNSELING AND CONSULTING LLC.

FORMS, RECORDS & ADMINISTRATIVE SERVICES

This provider will not complete any FMLA, disability, other paperwork or letters of support unless they have met with you for at least 6-8 sessions.

They will also not complete any FMLA or disability paperwork if they do not believe they can support it based on what I have presented at intake and during sessions.

If I request any letters, forms, or any other paperwork to be completed, such as FMLA or disability forms, I have been advised that there is a fee for paperwork.

The fee is $300.00 per hour as mentioned above in the fee schedule. FMLA paperwork generally requires a minimum of 60 minutes to complete, due to the need for supporting clinical documentation. Short-term disability often takes longer to complete, and may require additional assessments beyond my regular intake evaluation. The time required to make copies or prepare and send faxes, and any other administrative business (e.g. preparing releases of information or requests for records; phone calls to lawyers or other non-clinical calls) not directly related to the provision of clinical services, will also be assessed based on a rate of $300.00 per hour, with a minimum fee of $300.00.

I acknowledge that the request of records may take up to 30 days to be furnished.

EAP, PAYMENT METHOD & FEE CHANGES

I understand if I am utilizing any Employee Assistance Program, EAP sessions, I may not be able to use more than 3 sessions (despite what may be available through my EAP program). EAP is subject to therapist availability and discretion.

I understand, I will be asked to put a valid credit card or form of payment on file to facilitate convenient and timely payments. The payment will be collected through Simple Practice EHR or other approved vendor.

I also understand that the rates in this fee schedule and any good faith estimate (if applicable) are subject to change based on any inflation or annually. An advance notice will be given prior to the effective that of that change.

GOOD FAITH ESTIMATE & ADDITIONAL POLICIES

I understand I have the right to receive a “Good Faith Estimate” explaining how much my medical care/therapy services will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services. This (if applicable IN SELF PAY ONLY) will be shared separately via phone, email or mail prior to beginning services.

I understand this fee schedule does not apply to the premium service: “Therapy Intensives”

I acknowledge I have read the document: “Cancellation, Rescheduling, and Termination Policy” and agree to its contents and terms**.

By signing below, I acknowledge, understand, and agree to the terms mentioned above.

Full Name	Signature	Date