



Lokahi Counseling, LLC  
Tracy Kenela, M.A., LMHC, CRC, CEDS, ACHT  
324 West Bay Drive NW, Suite #216  
Olympia, WA 98502

## FINANCIAL POLICY

Thank you for choosing Lokahi Counseling! Our goal is to provide you with quality mental health care within an enjoyable environment. Your informed participation and your understanding of payment arrangements are essential to our effort to help you, as well as to your effort to benefit from our time together.

*Please understand that payment of your bill is considered a part of your treatment.*

**Part One: Fees for Professional Services.** The rate for an Initial Counseling Intake session is \$170. The rate for 60-minute Counseling sessions is \$120. Couples and Family sessions last 90 minutes, and the rate is \$150. Hypnotherapy and Subtle Energy sessions last 90 minutes, and the rate is \$200 per hour.

\_\_\_\_\_  
(initial)

You can pay with cash, check, or PayPal. Credit or Debit Cards can be used for an additional fee (3.0% of your billed rate). After each session, a billing statement is generated that reflects your balance, and a record of payment. This statement is kept in the client's file.

\_\_\_\_\_  
(initial)

At the discretion of the Counselor, client balances may be carried for a limited time. Balances are considered past due if they remain unpaid for over 90 days. If your balance becomes past due, an office representative will contact you and assist you in making payment arrangements, or your account will be sent to collections with Evergreen Collections. Interest of 1% per month (12% APR) will be charged for any past due balances.

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(initial)

If you must cancel a scheduled appointment, please let us know as soon as possible. With the exception of emergency situations, **if you must miss a scheduled appointment and you are unable to cancel at least 24 hours ahead of time, our office charges \$95.00 for the missed appointment.** Unfortunately, your insurance company does not pay claims for missed visits, so that fee will be charged directly to you. Please help us to serve you better by keeping scheduled appointments.

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(initial)

**Part Two: Other Fees.** If you, or someone else (e.g., another counselor or your lawyer), needs a copy of your file or of other records that may be legally necessary, our office charges \$.25 per page for copying, plus postage. Our office also charges a \$30 fee for checks that are returned unpaid for any reason.

\_\_\_\_\_  
(initial)

**Part Three: Insurance**

Lokahi Counseling is a contracted provider with Regence, Premera, Group Health, First Choice and Tricare. Our office will file claims with these insurance companies according to our contract terms. Please note that your insurance policy is a contract between you and your insurance company. Lokahi Counseling is not a party to that contract. Be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable by your insurance policy. If this is the case, you will be responsible for paying for any & all non-covered services.

\_\_\_\_\_  
(initial)

Lokahi Counseling can file insurance claims with other a variety of insurance companies as an “out of network” provider. Depending on your insurance plan, client co-payment arrangements are agreed upon with the Counselor before receiving services. If there is a problem collecting payment from your insurance company, an office representative will contact your insurance company to discover the reason for the non-payment. ***You will be billed directly for any insurance monies not collected within 90 days of the claim having been filed.***

\_\_\_\_\_  
(initial)

I have read the financial policy statement, I understand it, and agree to the terms described. Furthermore, I authorize the Counselor and office representative to release mental health diagnosis or any other information necessary to process insurance claims, or to follow up with my insurance company for claim payments.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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Client Signature

\_\_\_\_\_  
Date