

Katherine E Reeves, MA, LMFT

Washington State Licensed Marriage and Family Therapist #LF60603397

Mailing address: Therapy for Geeks

1400 112th Ave SE Ste 100, PMB 4239 Bellevue, WA 98004

425.998.8059

Policies & Procedures

Hours: Weekdays 10:00am to 4:00pm. Limited evening hours on a waiting-list basis.

Session Length: Sessions are 50 minutes, with extended sessions available by mutual agreement for couples and families.

Fees: The usual and customary fees are: \$200, with extended sessions pro-rated per half hour. The initial intake appointment fee is \$300. *Payment is due at each session.*

Billing: Payment is due at each session. If you wish to submit a reimbursement request, I will provide an itemized receipt. If have a billing question please talk to me.

Insurance and Managed Care: I do not participate in any insurance programs, and I am thus considered "out of network" for billing purposes. Many insurance companies will, after you meet a deductible, reimburse for a percentage of the cost of psychotherapy (usually 50-80%) for out-of-network providers. My qualifications are: Master's degree in Clinical Psychology; Washington State Licensed Marriage and Family Therapist #LF60603397. For out-of-network billing, I will provide you an itemized receipt ("superbill") that you can submit for reimbursement.

Telephone: My business line is forwarded to my cell phone when I am not in the office. If I am available, I will answer the phone personally. Unless it is an emergency, I prefer that you call between 9 AM and 9 PM. I try to return calls within 24 hours.

Emergencies: Call me and say in your message that it is **URGENT. If the situation warrants immediate help, go directly to your local emergency room, and then provide my contact information to hospital staff.**

Cancellations: If you need to cancel an appointment, please let me know as soon as possible but no later than 24 hours in advance in order to avoid payment for the session. Missed sessions without a 24 hour cancellation will be considered payable prior to our next session.

I understand and agree to the above statements.

Client Signature

Date

Client Signature

Date

Katherine Reeves, MA, LMFT

Date