



Amazing You Therapy, LLC  
 421 1<sup>st</sup> Ave SW, Suite 300W  
 Rochester, MN 55902  
 507-722-1139 / Fax: 1-888-682-9905  
[casey@amazingyouththerapy.com](mailto:casey@amazingyouththerapy.com)  
[www.amazingyouththerapy.com](http://www.amazingyouththerapy.com)

## FINANCIAL POLICY

Thank you for choosing Amazing You Therapy, LLC. If you have health insurance you would like billed, Amazing You Therapy, LLC will submit all claims on your behalf. We ask that you provide the most current information and to notify us of any changes. **Please inform us if you have multiple insurance policies so we can bill all parties.** We suggest you contact your insurer(s) to learn about your mental health benefits and co-payments to determine what your personal responsibility will be. You will be responsible to pay any portion not covered by your insurance. Billing statements will be provided through the online portal.

## Fee Schedule

The table below shows my standard fees for appointments and services. **A sliding scale fee is available.**

	Rates
<b>Diagnostic Assessments</b>	
Adults and Children Over 5	\$200
Children 5 and Under (Includes 3 sessions, home/preschool observations)	\$450
<b>Outpatient Therapy</b>	
30 Minute Session (16-37 Minutes)	\$140
45 Minute Session (38-52 Minutes)	\$160
60 Minute Session (53+ Minutes)	\$180
<b>Letters*</b>	
General Letters	\$25
Letters to Employers	\$50
<b>Legal Preparation and Court Appearances*</b>	
Court Appearance	\$250 Per Hour (4 Hour Minimum)
Phone Calls	\$180 Per Hour
Affidavit	\$80

\*Insurance will not pay for letters and legal services so payment is due at time of service

**COPIES:** When Minnesota Statute 144.292 applies, <https://www.health.state.mn.us/facilities/notices/docs/maxcharge.pdf>, charges for sending copies of medical records to client and non-client entities are \$1.46 per page for copy fees and \$19.42 for retrieval fees. Clients are responsible for these charges. Minnesota worker's compensation will be charged a \$10 retrieval fee and \$0.75 per page for copies of the "appropriate record" to substantiate a service being billed.



Amazing You Therapy, LLC  
421 1<sup>st</sup> Ave SW, Suite 300W  
Rochester, MN 55902  
507-722-1139 / Fax: 1-888-682-9905  
[casey@amazingyouththerapy.com](mailto:casey@amazingyouththerapy.com)  
[www.amazingyouththerapy.com](http://www.amazingyouththerapy.com)

**CANCELLATIONS:** If it becomes impossible to keep your appointment due to illness or emergency, please contact me at least **24 hours in advance**. Cancellations received less than 24 hours in advance will be billed **\$40.00**. Missed appointments (appointments skipped without notice) will be billed up to the regular session rate of \$180.00. Insurance companies will normally not pay for missed sessions so you will be responsible for any late cancel or missed appointment fees. If you receive health insurance via a Government-Sponsored program and attendance is problematic, you may be requested to wait six or more weeks before resuming services or to schedule same day services as appointments are available.