

Dr. Greta Zuck
Licensed Clinical Mental Health Counselor Supervisor
National Board Certified Counselor
Registered Play Therapist Supervisor

5613 Duraleigh Road #161
Raleigh, NC 27612
Office: (919) 784-0205
Fax: (919) 784-0250

Financial Agreement

Fees for services are listed below. They are reviewed periodically and subject to revision.

Psychotherapy

Initial evaluation/assessment: \$170.00 Standard 1-hour session: \$160.00

Consultation

\$160.00 per hour billable in 15 minute increments

Support Group

Fee varies depending upon type of group and number of clients

Out-of-Network

I am an out-of-network provider for insurance carriers. This requires clients to pay fees directly. I provide clients with a receipt that may be submitted to their insurance carriers to receive reimbursement if eligible. Reimbursement depends upon the specifics of each insurance plan. Clients are advised to contact their carriers directly to understand their benefits prior to beginning services.

Private Pay

Clients who do not have mental health insurance or wish to not use their insurance coverage may pay for services themselves at the rates listed above. I will provide a receipt of payment for services.

Sliding Scale

On occasion I operate a sliding scale fee depending upon clients' income level and other specialized needs.

Other Arrangements

If you are requesting payment for therapy from a third party vendor other than an insurance company (e.g., state adoption subsidy funding, funding from a trust established for treatment) please provide that information here: _____

All Clients

If you provide less than 24 hours notice to cancel a \$50.00 fee is charged. If you fail to show for a scheduled appointment without providing notice, or cancel within an hour of your appointment time, the full session fee is charged. Please understand that no-shows and late cancellations take away valuable time that could be used for another patient in need.

Checks and cash are accepted as payment. Credit card payments are not accepted at this time.

Your signature below indicates agreement to these financial policies. Thank you.

Payer of Services

Date

Greta Zuck, PhD, LCMHCS, NCC, RPT-S

Date