



<https://otterwellmentalhealth.com>

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1336 NW Flanders Street #143 Portland, Oregon 97209

Fee For Service & Credit Card Authorization

I understand that OtterWell Mental Health LLC does not currently accept my insurance, and I agree to pay the below amount per session, which will be charged to my card on file at the time of service. I am also aware that OtterWell Mental Health LLC reserves the right to change session fees and will communicate this to me at least 30 days before implementing new session fees.

I agree to pay:

- \$230 for 53-60 minute individual therapy sessions (CPT 90837)
- \$172.50 for 38-52 minute individual therapy sessions (CPT 90834)
- \$115 for 16-37 minute individual therapy sessions (CPT 90832)
- \$330 for a 60-90 minute intake appointment (CPT 90791)
- \$200 hourly rate for Other Professional Services (billed in 15-minute increments)

My electronic signature on this form authorizes OtterWell Mental Health LLC to charge my credit card through Stripe via Jane for services rendered. These charges will appear on my bank/credit card statement as OTTERWELL MENTAL HEALTH. I have the right to request a paper copy of this document.

Late Reschedule/Late Cancellation/No Show Policy

I also agree that my credit card can be charged for any session that is not cancelled at least 48 hours before the scheduled session time in the following manner:

- 50% of the session fee for cancellations with less than 48 hours' notice (25 to 47 hours)
- 100% of the session fee for cancellations with less than 24 hours' notice or no-shows (defined as not arriving within 15 minutes of the scheduled appointment time).

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify OtterWell Mental Health LLC in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of this credit card. I acknowledge that bank or credit card transactions could be linked to Protected Health Information (PHI).

By signing this document electronically, I agree to the above statements and consent to the fees outlined above.