



Denae Barowsky, M.A., LPC  
Payment Options

The cost for individual counseling is \$85 and couples counseling \$95 for a typical 50 minute session. Sessions that are scheduled for 80 minutes will be charged \$120 for individuals and \$130 for couples. Sessions scheduled for longer than 80 minutes will incur further additional fees. Please check the method of payment you will be using below:

**Pay per session.** If you choose to pay per session, you will pay directly by check or cash at the beginning of each session, or you may make a payment online with your credit card or bank account through PayPal at [www.scboise.com](http://www.scboise.com). Click on "make a payment".

**Alternative payment option.** \_\_\_\_\_  
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*Although I do not bill insurance directly, at your request I can complete an insurance claim form which you may submit directly to your provider for reimbursement.* I recommend that you contact your provider to confirm that they will cover mental health services outside of their provider network. Please be aware that in order to be covered by medical insurance I am required to provide a DSM-IV diagnosis of your symptoms or issues that are the focus of treatment. This diagnosis could remain a part of your permanent medical record.

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**I agree to the terms of the payment option checked above.** I understand that I may make payments online anytime through the website at [www.scboise.com](http://www.scboise.com). I understand that if there is a balance due after my goals for counseling have been met, and/or I choose to terminate counseling, I will continue to make payments until my total balance is paid in full. **I understand that in case of a returned check for insufficient funds, a \$20 fee will be assessed to cover bank processing fees.** I understand that if I default on the terms of the payment option checked above, and fail to pay the full balance due, my counselor may choose to utilize a third party collection agency in order to recover this debt.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date