

Healing Steps Family Therapy, LLC

Group Practice | Stephen M. Stepanovich, MS, LMFT, CEO
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Couples Therapy Private-Pay Financial Agreement

Effective for all couples sessions on or after January 1, 2027

1. Couples therapy is private pay

Starting January 1, 2027, couples therapy at Healing Steps Family Therapy, LLC is private pay (cash pay) only. We do not bill any insurance plan for couples sessions, even if one or both partners have insurance that we accept for individual therapy. Individual therapy can still be billed to accepted insurance (Cigna, Anthem Blue Cross, Aetna, United (UnitedHealthcare/Optum), and Carelon Behavioral Health).

Why we made this change: Insurance generally pays only for treatment of a diagnosed mental health condition in one identified patient. Couples therapy focuses on the relationship itself, so it often doesn't fit that model, and billing it to insurance usually means placing a diagnosis in one partner's health record. Private pay lets us focus on your relationship, keeps your couples work out of insurance records, and avoids insurance limits on session length or number.

2. Fees

Service	Fee
Standard couples session (60 minutes)	\$200
Extended couples session (90 minutes)	\$250
Late cancellation (less than 24 hours' notice)	\$100
No-show, 60-minute session	\$105 (\$100 no-show fee + \$5 card processing fee)
No-show, 90-minute session	\$200

The standard no-show fee includes a \$5 card processing fee.

Fees may change with at least 30 days' written notice.

3. Payment

- Payment is due in full at the time of each session.
- We accept credit and debit cards and HSA/FSA cards.
- Card on file: required. A card on file is required for all clients: individual, couples, and family. A Credit Card Authorization form is kept on file, and the card is charged on the date of service and for late-cancel or no-show fees.
- Both partners are jointly responsible for couples session fees, regardless of which partner's card is on file or who scheduled.

4. Insurance reimbursement and superbills

Because couples sessions are private pay, we do not submit claims to insurance for them. Superbills are provided automatically for every couples session, so you don't need to request them. A superbill is a detailed receipt you can submit to your insurance plan yourself for possible out-of-network

reimbursement. Reimbursement isn't guaranteed and depends on your plan. HSA/FSA eligibility is between you and your plan administrator.

5. If you have insurance we accept

We are in network with some plans for individual therapy. By signing below, you confirm that you choose to receive couples therapy as private-pay clients, that you understand the session will not be billed to your plan. You may submit the superbills we provide to your plan yourself.

6. Good Faith Estimate

Because you are paying privately, you will receive a written Good Faith Estimate of expected charges for your couples therapy when you schedule, or any time you ask. See the attached notice "You have the right to receive a Good Faith Estimate explaining how much your health care will cost."

7. Couples clients who started before January 1, 2027: 90-day grace period

Couples who began care before January 1, 2027 and have been using insurance get a 90-day grace period: their couples sessions continue to be billed to insurance through March 31, 2027, and private-pay rates apply starting April 1, 2027. New couples clients starting on or after January 1, 2027 are private pay from their first session.

Either way: If private pay isn't workable for you, please talk with your therapist. Options may include fewer or longer sessions, individual therapy billed to insurance when clinically appropriate, or referrals to in-network couples therapists.

We will give current insured couples written notice of this change at least 30 days before January 1, 2027.

Agreement

We have read this agreement, had the chance to ask questions, and agree to its terms.

_____	_____	_____
Partner 1 — Printed name	Signature	Date

_____	_____	_____
Partner 2 — Printed name	Signature	Date

_____	_____	_____
Therapist — Printed name	Signature	Date