

Financial/Authorization to File Insurance Policy

Payment & Fee Policy:

I am committed to providing you with the best possible care. Payment for services is due at the time of service.

I accept cash, checks, Master Card, American Express, and Visa.

My fees for service are:

\$____ per/50-minute session

\$____ per/2-hour consult only

\$75 per/supervision/consult hour (for interns and clinicians only)

Additional Fees:

Counselor Administrative Services: Treatment Summary Requests, Professional Letters, and Phone/Conference calls will be billed, if requested, at the individual therapeutic rate for a minimum of 30 minutes.

Court Appearances and Depositions are billed by the hour at \$150.00. This includes travel time and the amount of time the counselor is obligated to be away from our office. Payment is to be paid in advance, to be used as a retainer. Any unused funds will be refunded to the client.

A cancellation fee is charged for appointments with credit/debit only that are no show or canceled without 24-hours advance notice unless there is an emergency or illness. The no-show fee is equivalent to your normal session fee.

Returned checks are subject to a \$45 fee.

If a patient's appointments are being covered by PIP, we must have a credit card on file in the event that your claims are denied or benefits are exhausted. Please note that any charges not covered by the third party will be the patient's responsibility.

Policy on Insurance Reimbursement:

If you have medical Insurance that provides coverage for mental health counseling, I want to help you receive your maximum allowable benefits. I am happy to submit your claim for reimbursement. A completed insurance form must accompany any such request at each visit.



You are responsible to ensure your pre-authorization information. Please make sure to call your insurance company prior to our sessions start.

I will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. I am not a party to that contract.
2. My fees are generally considered to fall within the acceptable range by most companies, called “Usual, Customary and Reasonable” (UCR). Some companies pay a percentage of the UCR for a given area. However, some companies reimburse based on an arbitrary “schedule” of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Insurance is supplemental.
4. If your company requests a report from me to process your claim, we will need to receive our normal hourly fee from you for this service.
5. If your outstanding balance has not be paid in full within 60-days from the date of services rendered, I will charge your card on file for the outstanding balance not covered by medical insurance.
- 6. You are financially responsible for this treatment and for any portion of the fees not reimbursed or covered by your insurance/third-party provider.**

I am not willing to have clients run a bill with me and cannot accept bartering for services. If you eventually refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency. If a fee raise is approaching I will remind you of this well in advance. The terms of this agreement end when you finish services or I end services.

By signing here, you understand my policies and terms of services related to payment:

Printed Name

Date

Signature