

COUNSELING CONNECTIONS' FINANCIAL POLICY AND AGREEMENT

Please read the following information carefully and completely. Should you have any questions about this, please contact one of our staff immediately. Your clear understanding of our Financial Policy and Agreement is important to our professional relationship.

PRIMARY INSURANCE

If you have medical insurance that covers mental health treatment please speak with our secretarial staff and provide them with the information on your health insurance card. We require that you supply us with a copy of your card for our files. If you are not able to provide this information to us at the time of your first appointment, you must make payment in full at the time of service. In the event that the insurance (PPO/managed care) company indicates that coverage was terminated or that they need information from you prior to processing claims, the balance will become your responsibility until the matter is resolved. All co-pays, deductibles, and payment for non-insurance covered services are due at the time of treatment. If you change insurance companies, or wish to change your payment agreement, you need to notify us before any such change can occur.

PAYMENT

1. *Payment is expected at the time of service.* Balances are not allowed to accumulate. Should you be enrolled in a PPO or managed health care plan, it is expected that you will make your co-payment at the time of each visit. If you become more than two visits behind in paying your co-pays (or for the therapy appointments if insurance is not used) we cannot schedule further sessions. If we can no longer service you due to lack of payment, we will assist you in finding alternative care.
2. Should you desire not to use insurance or file your insurance on your own, payment must be made in full at the time of each visit.
3. You may pay by Mastercard, Visa, check, or cash. However, if you pay by check, there will be a \$25.00 charge for any returned checks. If this happens, payment can then only be made by Mastercard, Visa, Cash, or certified check.
4. If you miss 2 consecutive appointments without giving 24 hour advanced notice for each appointment, we will not schedule any further appointments until the two missed appointments are fully paid for and the portion of your account which is your responsibility is zero.
5. Should we have to attempt to obtain payment for services through legal means, you will be required to pay our attorney's fees. Paying for services in a timely manner will avoid this.

MISSED APPOINTMENTS

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Insurance plans do not cover missed appointments. You will be responsible for payment for missed appointments. Please help us serve you better by keeping scheduled appointments.

PSYCHOLOGICAL TESTING

If psychological testing is conducted, and is covered by your insurance company, we will attempt to obtain pre-authorization if required. You will be required to pay any co-pays associated with the testing. If your insurance company will not cover the testing, or only cover part of the testing, you will be required to pay the full amount for any non-covered testing expenses at the time of service. This will be discussed with you by the evaluator prior to the commencement of testing. The written report generated as a result of the testing will not be completed until your part of the expenses have been paid.

UNCOVERED SERVICES

At times your insurance company may not cover some of our services. This may occur because you have reached your maximum reimbursable expenses through your insurance company; or, it may be because they do not cover the service provided, such as the time involved to drive to and attend a school staffing, or phone calls with school personnel. School consultations and psychological testing are also often not covered by insurance companies. While we will not charge you for the time we take to complete paperwork for your insurance company, reports for other personnel (e.g., physicians, school personnel, employers) will be billed to you at our regular rate. You will be fully responsible for the payment of such services at our regular rates.

LEGAL ISSUES

If at any point during or after treatment you, or an attorney or judge, ask our staff to become involved in legal proceedings (e.g., phone calls with attorneys, letter/report writing for attorneys or the court, testimony) we require that you provide us with a \$1000.00 retainer before we will become involved in this matter. The cost for these services is billed at a rate between \$150.00/hr. to \$400.00/hr. You may also be required to sign a separate contract, which more specifically addresses legal issues.

Thank you for understanding our Financial Policy and Agreement. If you have any questions, please do not hesitate to ask us as we are here to assist you. Please sign below indicating that you have read the above policy, understand it, and agree to abide by it.

Signature of Patient/Responsible Party

Date

Witness

Date