

Patient Information and Consent to Treatment Healing Grace Counseling Services

Thank you for choosing Healing Grace Counseling Services. As your therapist, I am committed to giving you quality care from a Christ-centered perspective. This is an outline of the policies and procedures of this counseling practice.

Appointments and Cancellations

I resolve to do my best at being on time for your appointment and ask that you be punctual as well. If you are late for your appointment, I will have to end the appointment at the regularly scheduled time in order to respect the time commitments of other clients seeking my services.

If you need to cancel or reschedule an appointment, I request a 24-hour notice so that your time may be made available to someone else. **Failure to provide this notification will result in a cancellation charge of the full fee.** A missed session will be regarded as a failure to give adequate notice for a cancellation and result in a charge of the full fee as well. Insurance companies will not reimburse for missed appointments. The full allowable rate for that missed appointment, not just the co-pay, will be charged to your account. I recognize that extenuating events may impede your ability to make your scheduled appointment (e.g., traffic accidents, inclement weather, physical illness, last minute childcare issues, etc.). When this happens, I will take this into consideration. In the event of inclement weather (e.g., snow days), please call my voicemail if you have questions about whether I intend to keep normal business hours.

Fees and Payment

Payment is due at the time of service unless other arrangements have been agreed upon in advance between me and the client. Payment may be made by check (payable to Healing Grace Counseling Services) or cash. I am not able to receive credit card payments. My fees are as follows: \$95 for intake sessions; \$95 for extended sessions (75 minutes); and \$80 for standard sessions (50 minutes). Phone consultation and other services are billed on the basis of time and materials involved, consistent with the clinical hourly rate.

The preparation of documentation and letters or forms (i.e. for human resources, workers' compensation, court related matters, and other correspondence) will be billed at my clinical rate of \$80 per hour.

Payment is the responsibility of the client or the parent if the client is a minor. Please note that by receiving services, you are agreeing to pay for them. In cases of shared custody arrangements, the individual who agrees to be the person responsible for payment is the billable party.

There will be a \$25 charge for payment returned as non-sufficient or non-payable.

Insurance

At present, I am a preferred provider with Blue Cross/Blue Shield, Aetna (PPO and HMO), Cigna and Optima Health. If you have insurance coverage with a company for which I am a Preferred Provider, I will bill your insurance company directly. Clients are responsible for the co-pay at the date of service as well as any outstanding deductibles that are part of their insurance policy. As a client of Healing Grace Counseling Services, you are expected to know about and pay for any deductible that is part of your specific insurance plan. In the event that a third party refuses to pay (e.g., a pre-existing condition, unmet deductible, etc.), the client is responsible for the entire bill, unless a contract between the therapist and insurer precludes any such responsibility. I will not bill secondary insurance plans.

If you are using your insurance, it is your responsibility to obtain initial primary care referrals and pre-authorizations as required. Failure to notify me about any OTR (therapist's clinical report) or other required reports may place you in the position of being responsible for the full (non-insurance rate) charge. In addition, it is your responsibility to contact your insurance company directly to obtain information about your mental health (also called behavioral health) benefit packages including deductibles, reimbursement rate/percentages, number of sessions covered, and in-network and out-of-network provisions. Furthermore, it is your responsibility to notify me of changes in your insurance coverage prior to your scheduled next appointment. Failure to notify me of these changes will result in full fee charges for your sessions until insurance records, requirements, and internal processing are updated and compliant with your insurance.

If you are covered by an insurance provider that I do not participate with, the full charge for your session is due upon the date of service. I am willing to aid you in filing the paper work necessary to receive out-of-network reimbursement for these charges after the fact. However, this in no way guarantees that you will receive reimbursement. If you have any questions about out-of-network benefits, please contact your insurance company directly.

No retro-active insurance claims or submissions will be filed.

Scheduling and Availability

I am available Monday thru Friday (AM and PM hours), and Saturdays from 9:00 A.M. to 1:00 P.M. My voicemail is available at all times, and I monitor it regularly throughout the week.

Telephone Consultations

Telephone consultations are billed on a pro-rate basis. There is no charge for a brief phone call under 10 minutes in duration. When calling, please leave your number and the times that you can be reached. In case of illness or hardship, I can do sessions over the phone. However, I am forbidden to bill insurance in for phone sessions. If you choose to

have a phone session, you will be billed at my hourly rate of \$80.00 or the contracted hourly rate stipulated by your insurance company.

If you want me to have phone contact with family, friends, or other professionals, I will request your signature authorizing this contact.

Release/Duplication of Records

Charges accrued for copying and mailing records will be billed to the client. Charges for releasing records over 20 pages by fax will be billed to the client as well.

Confidentiality

Confidentiality is maintained in accord with generally accepted ethical standards. Each client's written authorization is required for any release of information. Exceptions include court-ordered subpoenas, the client's stated intention to harm him or herself (suicidal) or someone else (homicidal) or child/elder abuse. If you report that a family member or friend has stated intentions to harm oneself or another, Rob is also required to report this as well. Use of insurance forms to obtain third-party payment serves as authorization of release of information to your insurance provider.

Informed Consent

I acknowledge that I understand the above information and agree to the payment of these fees.

Name

Date