

FINANCIAL AGREEMENT

Next Chapter Counseling, LLC
Deborah S. Wood, LPC, RN, NCC

Current Fee Schedule:

Adjustments may be made for self-pay patients on an individual basis.

Initial Visit/Assessment (85 minutes):	\$ 220.00
Individual Therapy (55 minutes):	\$ 185.00
Couples (55 minutes):	\$ 185.00
Telehealth Sessions (55 minutes):	\$ 185.00
No Show/Late Cancellation	\$ 95.00 (<i>Must be paid <u>by client</u> – cannot be billed to insurance</i>)
Returned Check:	\$ 35.00 (<i>Must be paid <u>by client</u> – cannot be billed to insurance</i>)
Paperwork for Outside Agencies:	\$ 95.00 per hour/1 hour minimum. <i>Must be paid <u>by client</u> – cannot be billed to insurance.</i> (Ex: letters to attorneys, disability applications, etc.)
Court appearances:	\$ 200 per hour including travel time (<i>3 hours must be paid in advance – cannot be billed to insurance</i>)

PAYMENT IS DUE AT THE BEGINNING OF EACH SESSION. CASH, CHECK, HSA, OR CARD ACCEPTED.

Please initial below.

_____ It is client's responsibility to verify that ***behavioral health*** is covered by either Anthem, Aetna, or UHC, and is ***not*** out-sourced to other agencies, i.e. Beacon, etc. with whom Next Chapter Counseling is not credentialed.

_____ Co-pays and deductibles are due at the beginning of each session. If a client does not have co-pay and/or deductible information at the time of the session the full fee will be charged with reimbursement as warranted.

_____ If insurance denies a claim or doesn't pay withing 60 days of filing, for any reason (other than filing mistakes) the client is responsible for the total amount due.

_____ A minimum 24-hour notice is required to change or cancel an appointment. *Please note, however, that appointments scheduled for Monday must be cancelled by 5pm on the Friday before.* If you do not cancel within that allotted time, or you miss your appointment, you will be charged \$120.00 for an initial appointment and \$85.00 for subsequent appointments. *Payment must be received prior to scheduling another appointment.*

_____ There will be a \$35 charge for returned checks. *Payment must be received prior to scheduling another appointment.*

_____ Next Chapter Counseling, LLC, reserves the right to assign all past due accounts (over 30 days) to a collection agency for payment of session, missed appointments, or returned check fees.

I have read and fully understand the above and accept treatment under these terms.

Signature of person responsible for payment

Date