

## Session Fees

Customary session length is 45-50 minutes. This provides for appropriate clinical intervention and allows time between sessions for your therapist to review clinical progress notes, complete paperwork, consult with other professionals, and manage scheduling. We will attempt to start and finish sessions in a timely manner. Our full fee schedule is as follows:

Initial Consult/Diagnostic Evaluative Interview (1 <sup>st</sup> session)	\$130.00
Individual, Marital or Family Session (per :45 - :50 minutes)	\$110.00
Individual, Marital or Family Session (per :75-:80 minutes)	\$155.00
Psychological Testing	\$110.00
Group Therapy (per session)	\$65.00
Counseling related phone calls – in :15 min. increments	\$30.00

Please note that all fees can be based on a sliding scale and may be adjusted as the need arises. You may address individual needs for rate adjustments with their therapist prior to the first session of counseling.

## Insurance

The clinicians at Central College Christian Counseling are on various insurance panels. If we are not on your insurance panel, we can still file claims for out-of-network benefits.

In order to bill your insurance company, we must have a copy of your insurance card and a completed New Patient Information Form on file, which gives us authorization to bill your insurance company.

**You are responsible for knowing your own insurance benefits and verifying authorization.** Any contract for insurance coverage is between the patient and the insurance company, **not** between this office and the insurance company. A list of questions is provided online to help you ask the right questions and gather information regarding your “outpatient mental health” eligibility. The insurance company will inform you that the information they provide is not a guarantee of payment. In the case that insurance does not cover the entire fee, **you are responsible for the amount that insurance does not cover.** We do not guarantee that insurance companies will pay for services.

If your insurance company disputes or rejects the claim, and it is an error on our part, we will take responsibility and resubmit the claim. If the error is on your part (ie: prior authorization not received), it is your responsibility to pay the charges and pursue reimbursement from your insurance company.

If you receive payment from the insurance company for services rendered, you may sign the check over to Central College Christian Counseling within one week of receipt or send in payment from your own account.

## Billing Questions

You may contact Linda Williams at (614) 865-0513, to answer questions regarding the filing of claims or the balance due on your account; however, some insurance questions may be referred to the customer service department of your insurance provider. Ultimately, payment of services and knowledge of individual benefits is the responsibility of the policy holder.

## Cancellation Fees

You may need to cancel or change your regularly scheduled appointment time because of illness or scheduling conflicts. Due to the nature of the practice we reserve our clinical time exclusively for you and urge you to do your best to maintain consistent attendance. Because of a waiting list of individuals who need appointments, we request that you make every effort to cancel appointments with at least 24 hours notice to allow us an opportunity to make those appointment times available to other clients from the waiting list.

**Clients will be charged at 50% (1/2) of the normal session rate for cancellations that are less than 24 hours notice and for all “no show” or missed appointments.**

## Client Rights

If at any time you are dissatisfied with the services provided at Central College Christian Counseling, we ask that you agree to discuss your views, reasons and plans with your counselor.

## Credit Card Information

Credit card information is required to be on file for non-covered services (co-payments and deductibles) when insurance claims are submitted by Central College Christian Counseling. If you do not wish to provide this information, full fee for service is required at the time the service is rendered. An invoice will be provided so that you can submit your claim to the insurance company.

Please circle one of the following: VISA M/C DISCOVER

Name on card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Zip code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ CVC code (3 digits on back of card): \_\_\_\_\_

Signature: \_\_\_\_\_

I have read and understand this financial agreement and agree to cooperate with and abide by all of its provisions, as indicated by my signature below.

Client Name (print) \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Relationship to Client: Self Spouse Parent/Guardian Other \_\_\_\_\_

Date \_\_\_\_\_