

We appreciate your confidence in our services and strive to provide exceptional service. We are here to help.

**OFFICE HOURS** Our receptionist is generally available during normal business hours, Monday through Friday. If you call at a time when our receptionist is not available, you may leave a non-emergency message on our answering machine. If you have an urgent concern, your counselor will try to schedule an appointment with you as soon as possible. Our telephone number is (574) 277-0274.

**EMERGENCIES** If you have an emergency situation, please dial 911 or go to the nearest hospital emergency room.

**FEES** Standard Fee for New Clients: \$150 per 45 minute counseling session. Standard Fee for Ongoing Clients: \$125 per 45 minute counseling session. Information regarding additional fees such as report preparation, consultation, or court appearances are available upon request. Client Assistance Funds are available for clients who meet the criteria and who do not have insurance. If you wish to explore this possibility, please speak with your counselor.

**CANCELLATIONS AND/OR FAILED APPOINTMENTS** If you are unable to keep a scheduled appointment, please notify our office or leave a message on the Center's answering machine at least 24 hours before your appointment time. Unforeseen emergency situations will be taken into consideration. **This policy, however, does not apply to failed appointments for which you will be charged the full fee.** We consider a failed appointment to be: canceling on short notice (less than 4 hours prior to your scheduled appointment time), appearing too late to be seen for your appointment (more than 15 minutes past your scheduled time), or failing to arrive at the office for your appointment. Please be aware that we cannot bill your insurance company for failed appointments or appointments cancelled without 24-hour notice. In these situations, you will be responsible for your entire fee.

**PAYMENTS** Full payment for each session is expected at the time of service unless you have insurance, an Employee Assistance Program, Medicare, or participate in the Client Assistance Fund or Congregation Assistance Program. Payment should be presented at the receptionist's desk, or to your counselor if the receptionist is not available. Checks should be made out to Seasons Counseling of Michiana. Visa, Master Card, and Discover are accepted. If we are filing insurance for you, we request that you pay a minimum fee of \$75 unless you have proof that your deductible has been met and proof of your co-pay.

Failure to make regular payments will initiate monthly interest charges until the account is paid. You will be notified that your account is overdue by billing sent to the address given at intake. If the decision is made to turn the account over to a collection agency, you will be responsible for all resulting attorney fees and/or collection fees incurred in collecting an overdue balance, which may be as much as 40% or more of your account.

**INSURANCE** You are responsible to obtain pre-authorization when your insurance company requires it. All insurance companies require that you sign a form that allows us to provide information requested by them in order to determine coverage. Your signature and consent on the Insurance Information form gives us that permission. Your insurance company may request us to provide things such as: 1) the nature of your problem; 2) your diagnosis; 3) your treatment plan; and 4) the estimated length of time you are likely to be in treatment. If you wish to file insurance for our services, it will be necessary for you to furnish us with the information requested on the Insurance Information Form so a claim can be submitted. We only file secondary claims if your primary insurance is Medicare.

Your insurance policy is a contract between you and your insurance company. Charges incurred are your responsibility. Our Center cannot guarantee that your insurance company will pay your claim. Managed Care companies authorize sessions; they do not verify or guarantee coverage or payment. You are responsible for charges that are not reimbursed by your insurance company.

**MEDICARE** Medicare requires that Seasons Counseling of Michiana accept the fee approved by Medicare for their members. For Medicare clients, a co-payment may be required from you. In some cases, your supplemental insurance may cover your co-payment.

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Counseling & Fee Agreement (Continued)

**CONFIDENTIALITY AND PERMISSION TO RELEASE INFORMATION** Information you provide during counseling is confidential except where disclosure is required by law. These exceptions, usually involving **a threat of harm** to self or others, will be identified should such situations arise. On occasion, your therapy may be assisted by requesting information from or sharing information with other professionals. No such contact will be made without your written permission.

**E-MAIL** Seasons Counseling of Michiana will not respond to e-mails of a personal nature concerning client issues.

**ELECTRONIC OR DIGITAL IMAGING POLICY** Any form or document that you sign may be scanned into a computer system or converted into electronic or digital format. You will be asked to agree that a duplicate of this original document shall have the same force, effect, and validity as the original document even though a copy or duplicate does not contain an original writing of your signature. A copy or duplicate of this document shall be deemed to be the functional equivalent of the original document for all purposes.

**TERMINATION** Therapists reserve the right to terminate and/or transfer a client at any time, per their discretion, based on reasons including but not limited to attendance, lack of payment, or failure to comply with treatment(s).

I have read and agree to the terms of the Counseling & Fee Agreement.

_____	_____	_____
Printed Name	Signature	Date

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