

FINANCIAL POLICY/INSURANCE GUIDELINES

Initial each line

_____ **CO-PAYMENTS:** All contracted insurance co-payments are required at the time of your session, in compliance with your health insurance policy. This includes deductibles. Cash, check or credit card.

_____ **ACCOUNT BALANCES:** Balances are due upon receipt of your statement. These include fees not covered by your insurance company, i.e. deductible and other services such as phone calls, letters and late cancellation fees. Balances over \$200 will be required to be paid-in-full before next appointment is scheduled.

_____ **E-THERAPY:** These sessions are not covered by insurance. Fees are \$125.00 per one-hour session.

_____ **LATE CANCELLATION/NO SHOW:** A 24-hour notice is required. If you are unable to attend your scheduled appointment. This fee is not covered by insurance. Fee for late cancel is \$25.00

_____ **FORMS:** Forms that need to be completed outside of the session, i.e. FMLA or other, a base fee of \$25.00 is required. If additional time will be required, you will be informed of the increased fee due to professional time that is needed to complete your forms. These fees are not covered by insurance.

_____ **LETTERS:** Fees for letter will vary depending on the length or complex nature of the narrative. Basic letter minimum fee is \$15.00. Case narrative fees range from \$50.00-\$100.

_____ **INSUFFICIENT FUNDS:** A \$25 fee for any checks returned due to Insufficient funds. This fee is not covered by insurance.

_____ **SELF PAY:** Payment in full of \$125.00 at the time of service.

_____ **INSURANCE CLAIMS:** I authorize Bonnie K. Shinhearl to file claims with my insurance company and to release any treatment information that would be necessary to process your claims.

_____ **YOUR COVERAGE:** when you use your health insurance plan to pay for mental health services, you agree to work with your insurance company to ensure that payment is made In full. You are responsible for understanding the details of your coverage. You are responsible for payment in full for all services not reimbursed by your insurance company.

_____ **MENTAL HEALTH DIAGNOSIS:** Insurance companies require that mental health providers give clients a mental health diagnosis. A diagnosis is required because insurance companies will only provide coverage for services that they deem to be medically necessary. I will discuss your diagnosis with you and answer any questions you may have

_____ **TREATMENT AGREEMENT:** I have received a copy of the treatment agreement.

_____ **HIPPA.** I have reviewed and received a copy of the Health Insurance Portability and Accountability Act guidelines.

_____ **NOTICE OF PRIVACY PRACTICES:** I have received a copy Of these privacy rights and authorize treatment.