

## ROAD TO READY COUNSELING, LLC.

7465 Old Hickory Drive STE D Mechanicsville, Virginia 23111

9157 Atlee Road Suite A Mechanicsville, Virginia 23116

Phone: 804-404-8222

### FINANCIAL POLICIES

Thank you for choosing Road to Ready Counseling, LLC for your counseling needs. We appreciate that you have entrusted us with your counseling needs and are committed to providing you with the best care possible. Care delivered by Road to Ready Counseling, LLC will be administered regardless of race, color, creed, social status, national origin, handicap or sex.

#### PAYMENT IS DUE AT THE TIME OF SERVICE

You are responsible for paying at the time of your session unless prior arrangements have been made with your therapist. You may prefer to pay when you arrive for your session as we may discuss challenging material and you may be more comfortable leaving directly after the session is over. However, payment at the end of the session is completely fine as well. You can enroll in AutoPay and your credit card is automatically billed after your session through Stripe. If you are a self-pay or sliding fee scale client, enrollment in AutoPay is required.

#### FORMS OF PAYMENT ACCEPTED

Payments can be made by debit, credit, FSA, and HSA cards. Clients can also set up automatic credit card payments to be processed after each visit.

#### FEE SCHEDULE

Road to Ready Counseling, LLC provides quality counseling at a standard fee up to \$130 per hour. Our fees reflect the specialized education, training and experience of our talented staff and we encourage you to view this as a caring way of investing in you and/or your loved ones' health and wellbeing. Road to Ready Counseling, LLC works to keep our fees reasonable and is well within the average fee in the Ashland/Hanover area.

Initial assessment or extended session \$150.00 an hour

Psychotherapy (Individual and Family Counseling) \$130.00 per session

Reduced private pay rate (no insurance billing) Sliding fee scale

No show/late cancellation (less than 24 hours) \$50.00 per occurrence or up to your sliding fee scale amount; the fee that is the least amount (except Medicaid clients).

## INSURANCE

Please bring your insurance card with you at the time of your first appointment if you were not able to upload a copy of your insurance card when completing your intake paperwork. We strive to contact each new client's insurance company prior to your initial session. As a courtesy our billing staff will contact your insurance provider and conduct a courtesy benefit check. We will provide you with this information at the first or second visit depending upon how quickly your appointment is scheduled. However, this is not always possible. We therefore ask that you know your benefits and take the time to check your coverage, including your deductible, number of visits, and whether we are in or out of network. You are responsible for understanding the provisions of your health insurance plan and coverage. Please bear in mind that, ultimately, carrier adjudications after the visits determine financial responsibilities. Health insurance is a contract between you and your insurance company, and you are responsible for any services that are rendered on your behalf if your insurance company does not compensate for those services. Our office will gladly bill all in-network eligible insurance(s) for any date of service that you are being seen in our office and only charge you for the patient portion of your date of service based on your insurance(s) determination. You are responsible for paying your deductible, co-payment and co-insurance at the time of service. You will receive an invoice from our office indicating what your insurance has paid. Any remaining balance is due upon receipt of that statement.

## SECONDARY INSURANCE

If you have a secondary insurance you must present it at your initial visit. The same policies and responsibilities apply to the use of secondary insurance. You are responsible for the accuracy of the insurance information we use to submit the claim, and you are ultimately responsible for full payment of your bill.

## EAP & MANAGED CARE

Road to Ready Counseling, LLC participates in many Employee Assistance Programs (EAP) and Managed Care Programs. We will gladly provide services according to your plan when proper authorization is granted prior to your visit and we will accept payment according to our negotiated agreement with the insurance company. You will be responsible for applicable copayments or deductibles at the time of your visit. However, since authorization is not a guarantee of payment, you will be responsible for services that are not covered by your EAP or Managed Care Plan.

## SELF-PAY

Road to Ready Counseling, LLC offers a sliding fee/self-pay rate to individuals when we are unable to accept your insurance or for uninsured individuals. Each therapist determines the self-pay rate that they are willing to accept however it is generally based on household size and approximate household income. Residents in Counseling generally offer self-pay rates because they are unable to accept most insurance plans. Self-pay rates offer individuals an opportunity to see a therapist for a significantly lower price than what most insurances pay for the same service. In order for you to be offered a self-

pay rate you have to agree to have a credit card on file, sign a Good Faith Estimate (more information below) and be enrolled in AutoPay in order to guarantee payment on the day you receive your service.

#### GOOD FAITH ESTIMATE

Effective January 1, 2022, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "Good Faith Estimate" to individuals who are uninsured or utilize self-pay. The Good Faith Estimate (referred to "GFE") works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and a reason for mental health services. The estimate is based on information known at the time the estimate was created. The GFE does not include any unknown or unexpected costs that may arise during treatment.

You could be charged more if complications or special circumstances occur and will be provided a new GFE should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your provider have not previously talked about the change and you have not been given an updated GFE. If you are a self-pay client, your therapist will complete and forward a GFE to you prior to beginning counseling services. A document thoroughly explaining the Good Faith Estimate policy will also be provided to you and signature will be required to acknowledge receipt and understanding of the policy.

#### FINANCIAL SECURITY

Road to Ready Counseling, LLC. requires you to provide us with a credit or debit card that we will keep on file. This information will facilitate the settlement of any balances that may be your responsibility after we have settled with your insurance carrier. Under HIPAA, we are under strict rules and guidelines in terms of protecting client privacy and a credit card is considered protected health information. We treat your financial information with the same respect and privacy guidelines as your medical records. We assure you that we will only bill your credit card in the following situations: if you are enrolled in AutoPay, you instruct us to bill your credit card for any outstanding balance or your balance is 60 days past due.

#### MINORS

A parent or legal guardian must accompany the minor patient at the time of the initial visit. The parent or legal guardian is responsible for full payment as outlined in the financial policy. The parent or legal guardian that has identified his/herself as the person responsible for billing will have full responsibility for the payment should any dispute arise.

#### FINANCIAL RESPONSIBILITY FOR MINORS

We realize that many families are in a state of change. Divorced, separated, single parent and blended families are common. In many of these families the question of who is responsible for the children's medical bill is uncertain. The policy of our office is that the parent who requests treatment for the child is responsible for all fees incurred. However, our office is happy to work with families who would like to put two forms of payment on file when sharing the financial responsibility for co-payment and session fees.

#### CANCELLATION POLICY

The power and helpfulness of therapy is directly tied to the therapist-client therapeutic relationship. The relationship is fostered through consistent, regular contact that better allows for your therapist to assist you. If you need to cancel an appointment, kindly give us a minimum of a 24 hour notice. Exceptions will be made when circumstances exist such as emergency, illness or when weather conditions make it impossible to get to your appointment. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. You will be billed directly and copayment amounts do not apply. The no show/late cancellation is billed at the reduced rate of \$50 per session (the fee that is the least amount (except Medicaid clients). Repeated no shows or late cancellations could result in the loss of your ability to schedule appointments. If you are late, your appointment will still end on time.

#### STATEMENTS

Clients carrying a balance will be sent a statement informing them of the amount due. As a courtesy, Road to Ready Counseling, LLC. will submit claims to your in-network health insurance company after each visit, and we will apply payments received to your account. If needed, we will re-submit these claims to ensure payment of your benefit for covered services. In the event that repeated submission of a claim does not satisfy your bill for services rendered within 120 days you will be responsible for the full payment of your bill.

In addition, you are responsible for any copays, coinsurance or deductible amount after insurance payments are received. If you have any questions regarding your statement please call our office at 804-404-8222.

#### UPDATES

It is important that we have your correct information on file. Please advise us anytime there is any change to your address, telephone, email or other contact information. If you are issued a new insurance card please allow us to make a copy of it for your file. If your insurance changes or discontinues mid-treatment, please notify us immediately.

#### COLLECTION PROCEDURES

Collection procedures will be initiated when payments are 120 days past due. This may involve using a collection agency or filing a claim in small claims court. Before we engage a collection agency, we will

provide you with written notice of our intent to do so, sent to your last address we have on record, and give you an opportunity to make payment arrangements. The responsible individual agrees to pay all collection fees, including attorney fees, court costs and other expenses incurred in the collection of delinquent accounts.

#### DISPUTES

Your insurance policy is a contract between you and your insurance company. We will not become involved in disputes between you and your insurance company regarding your policy.

#### REFUNDS

A refund is issued when an overpayment has been identified. If you feel a refund is due, please contact our office at 804-404-8222.

#### BALANCES

Road to Ready Counseling, LLC. does not permit clients to carry a balance of more than 3 sessions and if you are unable to pay this balance, we will discuss whether it makes sense to pause your care or develop another strategy so that you can avoid incurring additional debt. Please let us know if any problems arise during the course of therapy regarding your ability to make timely payments.

By your electronic signature of this form, you authorize charges to your credit card through Stripe via SimplePractice for services rendered. These charges will appear on your bank/credit card statement as [ROADTOREADY COUNSELING]. You have the right to request a paper copy of this document.

I authorize ROAD TO READY COUNSELING, LLC to charge my card on file through Stripe; I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify ROAD TO READY COUNSELING, LLC in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of the card on file and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

X \_\_\_\_\_

Signature of Patient or Legal Guardian

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Date