Financial Policy and Patient Agreement

Janna Benkelman L.P.C.

As a courtesy, I will bill your insurance company, HMO, responsible party or third party payer for you, if you wish. **I ask that at each session you pay your co-pay. If you do not know your co-pay amount, I will collect $25.00 until that amount has been verified and an adjustment will be made**. In the event that your deductible has not been met, the full fee is due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, I request that you pay the balance due at that time. If your balance exceeds $200.00 I will need to ask that you pay for services when rendered. If you make a payment by check and that check is returned for insufficient funds your account will be charged a $25.00 fee In the event that an account is overdue and turned over to my collection agency, the client or responsible party will be held responsible for any collection fee charged to my office to collect the debt owed. This may include finance charges, attorney fees, courts cost and any other administrative expenses. I ask that every client authorize payment of medical benefits directly to **Janna Benkelman LPC.**

If you need to cancel or reschedule an appointment, please give 24 business hours advance notice. Failure to provide 24-hour notice will result in a charge of $50.00. Exceptions can be made and will be at the provider's discretion in the following circumstances: true emergencies, sudden illness or severe adverse weather conditions. Insurance carriers will not pay for missed appointments and these charges will be the patient's responsibility. I sincerely appreciate your cooperation and at any time, should you have questions regarding insurance, fees, balances or payments, please feel free to ask.

If you are not using your insurance, payment of fees is due at the time of service. The fee for individual psychotherapy is $125.00 per 50 minute session. A sliding scale is available under some circumstances. If you require additional phone consultations regarding clinical issues, I am happy to do this. Phone consultation will be billed in 15 minute increments at an hourly rate of $100.00. Please note: PRIVATE INSURANCE DOES NOT cover the cost of phone consultation. You will be billed for this expense. If additional reports or assessments are needed, these will be billed in 15 minute increments and an estimate of cost will be given to you prior to the completion of these documents. Additional charges may also apply for consultation given to courts, schools or other agencies / professionals. Acceptable forms of payment are cash, credit card and personal check. Payment not made at the time of service is considered past due.

Regarding insurance, the patient must recognize that he/she is responsible to pay the full amount for all services unless the Practice has an agreement with patient's insurance carrier. The patient is responsible to make available to the Practice complete insurance information for accurate filing of claims. Insurance information includes 1) Any necessary referrals for primary coverage. If you have a secondary policy, you will be able to bill it after your primary policy has sent you documentation of your claims. 2) You are responsible to provide all pertinent information with regard to identification and benefits cards and documents. **The patient agrees that if the insurance company denies benefits for any reason, or if no payment is received from the insurance carrier within 30 days as designated by Colorado law, then the patient is responsible for the full amount of the bill immediately**

If the patient is under the age of 18, the parent(s) or guardian(s) are responsible for copays, deductibles or account balances and will receive billing statements. This also applies to parents who are divorced regardless of the divorce decree. Parents must work out financial arrangements between themselves.

By this agreement, the patient also authorizes the exchange of information relating to care and claims with the patient's insurance company(s), and authorizes insurance payment to be made directly to the Practice for services provided under the patient's insurance agreement and otherwise payable to the patient. The patient also authorizes the release of information relating to care and billing to Psyquel Billing Service. If you have questions with regard to your bill, please call me.
Please pay all fees due before the start of the session.

PATIENT AGREEMENT: I have read and understand the Financial Agreement above and agree to the terms stated.

_____ _____

Patient or Legal Guardian's Signature Patient's Printed Name

_____ _____

Date Patient's Birthdate

Consent for treatment of Children and Adolescents: I consent that _____ may be treated as a client by **Janna Benkelman L.P.C.**

Confidentiality and Emergency Situations: Your verbal communication and clinical records are strictly confidential except in a) criminal and delinquency matters and except for the other areas as provided in Colorado Revised Statutes 12-43-218. b) Information shared with your insurance company and to process your claims, c) in those instances that you authorize the release of information, d) if you provide information that informs me that you are in danger of harming yourself or others. If an emergency arises for which the client or their guardian believes that immediate attention is necessary, the client or the guardian understands that they are to contact an emergency services provider in the community for those services. Janna Benkelman L.P.C. will follow those emergency services with standard counseling and support to the client or client's family.

Signature: _____ Date: _____