Office Policy & Financial Policy Updated 2022

* indicates a required field

appointments. You will be responsible for these charges. please place initials	1
responsible for "no shows" and "last minute cancels" (less than 24 hours notice), no matter what the reason. Please note that insurance companies and Victim/Witness will not reimburse you for broken	
less than 24 hours notice, every effort will be made to fill your time, however there is no guarantee that will be able to happen. You are	
24 HOURS IN ADVANCE WILL BE CHARGED FOR THE AMOUNT OF TIME RESERVED, AND THAT FEE RATE, FOR THAT SESSION. If you give	9
* CANCELLATION POLICY: APPOINTMENTS THAT ARE NOT CANCELL	ED

* PAYMENT: Payment is expected by cash or check at the beginning of each session, unless other arrangements are made. In the customer portal there is an option to enter a credit or debit card to have your sessions paid automatically. If your check is ready when you arrive, there will be a minimum of time spent on receipt writing, leaving more time for your session. I do this at the beginning of the session rather than the end so that you can leave therapy focused on your work and not on the finances. Check should be made payable to Positive Approach Counseling Center Your portal gives you the ability to access your invoices and superbills at any time for a receipt that you can turn into your insurance company for possible reimbursement. Please note that insurance companies generally pay for counseling services at different rates, for this reason I bill as a courtesy to you but, request you pay for your sessions upfront for all associates for first session. Usually by second or third session we know what insurance covers for mental health benefits. You can use any credit for co pays. The only exception to this is if you are a beacon partnership client who has had their benefits verified by office Manager. If Victim Witness denies your claim you will be responsible for all appts.

* ARRIVAL AT THE OFFICE: I will usually be in session when you arrive at the office. Have a seat in the waiting room. If you are with a child, please do your best to keep voices down as there are therapy sessions going on in the building. Young children may not be left unattended in the waiting room. The bathroom in located at the end of hall on the right. Please assist your children in the bathroom to help elimate plumming issues. There is also coffee and hot chocolate for your pleasure so help yourself. please place initials

* LATE ARRIVAL: If you are late for your session, quietly walk down the
hall and look door with therapist name.) If it is open, I've probably
already been out to the waiting room looking for you so come on in. If
it is closed, I'm probably still in the session prior to yours so have a seat
in the waiting room and I will come out to get you as soon as I'm done.
If for some unforeseen reason I am going to be more than 10 minutes
past your starting time, I will come and let you know what to expect. If
you are late in arriving, we will end the session at the normal time
scheduled for your session. If I am late (sometimes emergencies
happen and the session before you could go overtime - although I do
my best to run on time), you will still receive your 50-minutes from the
time we start. Please place initials

* FEES: Initial first appt. Mental Health Evaluation licensed \$160.00/\$135associate Therapist Individual Therapy - 50 minute session \$160.00/140 AMFT Jeremy Hutton Licensed Therapist - 50 mins \$140.00 Individual Therapy - 120 minutes session (double session) \$280.00/240AMFT Jeremy Hutton Licensed Therapist 120 minutes (double session) \$240.00 Couple / family Therapy - 50 minute session \$160.00/150 AMFT Jeremy Hutton Licensed Therapist -50 minutes \$140.00 Emergency session - 50 minute session \$160.00 Emergency session- 90 minute session \$200.00 Interns, Behaviorist - 55 initial assessment \$135.00 Interns, Behaviorist- 50 minutes session individual \$110.00 cash/160ins Interns, Behaviorist- 50 minutes session family/ couple \$120 cash/ 160 ins Telephone Calls - brief calls to set or changes appointments No Charge - Extensive information, crisis or Tele therapy sessions available \$20/15min Intern price per hour 110.00 hour/individual 130.00 for couples- 50 mins sessions If you have any questions or concerns regarding these guidelines, let's talk about them. Therapy is an excellent place to practice new communication skills. Sincerely, Positive Approach Counseling Center Kimber Serna, CEO, Director, Supervisor Marriage Family Therapist CA LMFT# 101846 please place initials

* I have read and understand the guidelines for confidentiality and payment given to me Positive Approach Counseling Center and I agree to follow them. I understand that I am responsible for payment, regardless of what my insurance does or does not cover or if Victim/Witness denies or terminates my claim. I also understand that I will be expected to pay for any "no-show" or "last-minute-cancel" sessions (24-hour notice required). I understand failure to pay my obligations my result in collection actionby clicking you are electronically signing this agreement	
SIGNATURE DATE place intials	
* If you give your credit or debit card, You are authorizing me to debit or credit it for missed appts or balance due on acct, or insurance co pays. I will place these payments on autopay for your convenience. You must opt out if you do not want this feature on your portal. By signing this page your give consent to have your debit or credit card charged for co pay or cancelled appt fee. place initials I ALSO UNDERSTAND THERE IS A PROCESSING FEE OF 2.50 TO USE MY CARD EACH TIME.	

* ATTENTION BEACON MEDICAL CLIENTS (PARTNERSHIP) We do not get compensated for missed appointments and do currently have a waiting list. We can not bill you for missed appointment under our contract. If you miss your appt 3 times we will have to we must terminate treatment and refer you to another provider for treatment under the beacon, Partnership plan. Please kindly give us notice of 24 hours if you are unable to make your appts. You will receive a letter after third no show or cancel to this affect. If you have more than 4 cancellations period we will also send you a referral letter as these partnership slots are limited so commitment to therapy is vital. place initials	
* By signing and submitting and placing my initials in the answer box I acknowledge the policies and procedures on this form regarding office policies, insurance and all fees charged or collected.	/

We are not participating in any court hearings or child custody hearings at this time and will not give opinions or help when needed to evaluate how children are doing in a custody dispute. If subpoenaed, a written release of authorization must be given and I am only available on Fridays and half day fees apply which must be paid prior to any court expert witness appearances 10 days in advanced .I will not take any of these cases at this time as they are time consuming and I can not give my full attention to them at this time. Associates employed by me do not participate in court hearing either. By signing this form you understand this statement and agree to these provisions.

Insurance Clients: Notice If you plan to seek reimbursement from your insurance company, the receipt which you will be given contains all the information and codes needed by your insurance company. You should attach this to any insurance form which your company may require you to submit. IF YOU HAVE A CHANGE IN INSURANCE POLICY YOU MUST UPDATE YOUR CARDS FOR PAYMENT OR INSURANCE OTHERWISE WE WILL GET DENIALS OF YOUR TREATMENT COSTS. DENIALS WILL BE CHARGED ON YOUR FORM OF PAYMENT WHEN DENIED. Mental health benefits vary greatly with each insurance company (whether in-network or out-of- network). We suggest that you contact your insurance company to determine your benefits. Things to be determined are: deductibles, percentage of the charge you will be reimbursed, number of visits allowed per year, and if services need to be precertified. Most insurance companies limit the number of mental health visits you may have each year. It is your responsibility to know your benefits and to keep track of sessions used. We will be happy to let you know at any time how many visits you have had with us, but we cannot determine when you have exceeded your limit since the total may include visits you may have had with providers not in our Centers network. Any fees not covered are your responsibility as we bill as a courtesy to you. These fees are deducted from your card on file for payment when insurance notifies us of your status. BY SIGNING YOU AUTHORIZE THESE CHARGES FOR FEES NOT COVERED ON CREDIT CARD.