

## **FINANCIAL OBLIGATIONS.**

Akoben Counseling & Consulting LLC accepts the following forms of payment:

- **Debit/Credit Cards**
- **HSA/FSA Cards**
- **Wire transfers/Checks (Directly from Insurance Company)**

Payment for therapy services is due before or at the time of your session. Akoben Counseling & Consulting LLC reserves the right to potentially cancel your appointment or suspend the provision of therapy services due to an outstanding balance until the balance is paid.

A **\$25** administrative fee may apply to any balances extending beyond 30 days. All clients are advised that a **\$100** fee may be charged for any missed appointments or appointments that are canceled less than 24 hours in advance.

In the event disclosure of your records and/or Akoben Counseling & Consulting LLC's testimony is requested by you or required by law, regardless of who is responsible for compelling the production or testimony, you may be responsible for and shall pay the costs involved as indicated below. This may include but is not limited to copying/sending records, traveling to and from the testimony location, reviewing records and preparing to testify, waiting at the location, and giving testimony. Such payments are to be made at the time or prior to the time Akoben Counseling & Consulting LLC provides services to you. Akoben Counseling & Consulting LLC reserves the right to require a deposit for anticipated court appearances and/or preparation required on your behalf.

You have the right to request a Good Faith Estimate at any time while receiving services from Akoben Counseling & Consulting LLC. Please email [info@akobencounseling.com](mailto:info@akobencounseling.com) to submit your request.

## **INSURANCE.**

1. **Insurance Coverage.** Akoben Counseling & Consulting LLC shall verify mental health insurance coverage for all clients before their initial visit or when there is a change of insurance. This is to determine the conditions of coverage and any copay/deductible for which the client may be responsible. We ask that you please review and understand the following:
  - a. Any explanation of benefits that Akoben Counseling & Consulting LLC receives is only a quote of benefits, and actual coverage is determined when the insurance plan receives a claim for processing. **Please note:** *It is possible that there may be a difference in the copay or coverage once the claim is processed; you shall be responsible for any difference in this amount.*
  - b. Individual insurance plans will be honored at the agreed-upon fee with your health insurance company. **Please note:** *you are responsible for the cost of your therapy services at the billable rate listed below under "Self-Pay Fee Schedule" if you do not have insurance coverage, or coverage is denied.*

- c. It is your responsibility to notify our office immediately when there is a change in your insurance. Failure to notify the office of a change in insurance, or if your insurance is denied due to policy termination or due to a lack of authorization for services, will result in you being responsible for the outstanding balance as well.
  - d. Your insurance company will be charged at rates pre-established in an agreement between your insurance company and Akoben Counseling & Consulting LLC; **however, if your insurance company denies your claim or only pays part of the fee for the services we provide, you will be responsible for any outstanding amount.**
2. **Forms of Insurance.** Akoben Counseling & Consulting LLC takes the following forms of insurance:
- a. Blue Cross Blue Shield
  - b. Blue Care Network
  - c. Blue Cross Complete
  - d. Beacon Health Options (formerly Value Options)
  - e. McLaren Health Plan

### **PRIVATE PAY FEE SCHEDULE.**

If you do not have insurance, you agree to pay the amount indicated below:

#### **1. Akoben Counseling & Consulting LLC Hourly Rates:**

- a. **Intake Evaluation: \$200**
- b. **Therapy: 53+ min \$150**
- c. **Therapy: 45 min \$140**
- d. **Therapy: 16-37 min \$110**
- e. **Other Rates:**
  - i. **Late Cancel: \$100**
  - ii. **Group Clinical Supervision \$50**
  - iii. **Individual Clinical Supervision \$75**
  - iv. **Written Reports: \$25**
  - v. **Court Testimony: \$250/hour ( \$1,000min payable in advance);**
  - vi. **Professional Consultation: \$100/hour**
  - vii. **Paperwork: \$15.00 processing fee plus \$0.25 per page**

**If there are pending court cases that will require a court appearance by Akoben Counseling & Consulting LLC, you are required to submit a \$1,000 fee in advance for these services 30 days prior to the court date.**

**Please note, by signing this Informed Consent, you agree to all fees for services owed to Akoben Counseling & Consulting LLC, as well as any other fees, all of which are detailed within this Informed Consent.**