

# FINDING PEACE COUNSELING, LLC

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## INFORMED CONSENT FOR TREATMENT/FEE SCHEDULE

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### **INFORMED CONSENT**

The client hereby seeks and consents to take part in treatment by Finding Peace Counseling. Client understands that developing a treatment plan with the therapist and regularly reviewing work toward meeting treatment goals is in client's best interest. Client agrees to play an active role toward meeting treatment goals as agreed upon. Client understands that no promises have been made regarding treatment results or outcomes, or of any procedures provided by the therapist.

Client is aware that he/she may terminate services at any time. The client will remain responsible for paying for services already received. Client must call to cancel an appointment at least 24 hours in advance. If client does not show up, or does not cancel, client may be charged a late cancel fee that cannot be billed to the insurance.

Client is aware that an agent of their insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), diagnose(s), and providers of any services or treatment client receives. Client understands that if payment for services is not made, treatment may be stopped. Client also understands that any information needed to collect unpaid fees will be released to collections agencies, attorneys, or others necessary for the collection of fees for services that have been provided.

Client understands and agrees to pay for all services provided, and that is the responsibility of the client and that phone consultation may be billed at the same rate as office visits. The undersigned requests payment of authorized benefits for services rendered by Finding Peace Counseling, and is made directly to Finding Peace Counseling. In the event that the undersigned is paid directly by an insurance company, the undersigned agrees to promptly pay Finding Peace Counseling. Insurance payments sent to the client for services provided can and should be directly signed over to Finding Peace Counseling, or the client's primary clinician. It is your responsibility to know your insurance coverage and receive any appropriate pre-authorizations. Finding Peace Counseling provides insurance billing only as a courtesy to clients.

### **FEE SCHEDULE**

Initial intake billed to insurance includes treatment plan and insurance authorization (CPT 90791): \$200

Full session billed to insurance, approximately 60 minutes (CPT 90837): \$180

Abbreviated session billed to insurance, approximately 45 minutes (CPT 90834): \$ 135

Brief session billed to insurance, approximately 30 minutes (CPT 90832): \$90

Non-insurance sessions, "cash rate", only if paid in full at time of session, is half of the above rates

Medicaid billed in 15 minute increments of \$45.

No show/late cancel fees (not billed to insurance): \$25

We are currently unable to bill Medicare.

**COST:** The charge for each session is listed above. Payments are expected at the end of each session unless previous billing arrangements have been made. Your health insurance MAY help pay these charges. Please contact your insurance company as soon as possible to inquire about benefits for mental health services. You are responsible for paying your fees. We will provide your insurance company with a statement (HCFA-1500 claim form) for insurance reimbursement. We currently employ a client accounts manager. The basic identifying information for service dates, type of service, diagnosis and fees will be shared with that person for billing purposes. We will make every effort to work with you regarding a payment plan if one is needed. If you ignore your responsibility to pay for services rendered, a collection agency will be utilized. Your signature below acknowledges that you have received notice that your information will be given in effort to bill and collect fees for services rendered. If a late cancel fee is accessed it cannot be billed to your insurance.

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\_\_\_\_\_ Bill my insurance company, and then balance bill the client/guardian of the client.

\_\_\_\_\_ Collect reduced "cash rate" at the time of service.

**EMERGENCY:** We do NOT provide 24 hour, on call coverage and cannot always be reached. If you do have an emergency and we are not immediately available, contact 911 or go to your nearest emergency room.

In the event of an extended illness or death, another clinician at Finding Peace Counseling will work with you to coordinate services with another provider.

Client and/or parent/guardian signature below indicates that designated parties agree with all statements in the contract/informed consent for treatment/fee schedule.

Name of Client: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client: Self  Parent  Guardian

I, the counselor at Finding Peace Counseling, have discussed the issues above with the client and/or parent/guardian. Counselor observations of this person's behavior and responses give no reason to believe this person(s) is not fully competent to give informed and willing consent to receive treatment services from Finding Peace Counseling.

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Copy accepted by client:

Client requested copy to be kept by therapist: