

# **Financial Policy and Fee Schedule**

Trilogy Counseling Services, LLC cooperates in third-party reimbursement from our clients' insurance carriers.

#### **Health Insurance**

Your health insurance is a contract between you and your insurance policy. This should be viewed as a method to assist with medical care. As a service to you, we will contact your insurance company prior to your first appointment to verify your insurance benefits. In order to do this, we need your insurance information prior to your first appointment. Not all insurance companies guarantee part or full coverage of services. You, the client, are responsible for any and all balances and totals for services rendered, regardless of what your insurance company coverage is. It is in your best interest to be aware of your insurance benefits prior to your care at this agency. We will submit all claims to your insurance company once you have provided to our office. Depending on the insurance company, our fees may or may not be considered usual and customary. Insurance companies use many different equations to form fee schedules, which can change at any time.

Our clinic policy requires that all anticipated copays and visit fees be collected at the time-of-service. These payments may be applied against applicable, unmet deductibles. If your insurance pays more than anticipated, your account will be credited, or a refund will be issued. We accept cash, personal checks, and credit cards (Visa/MasterCard/Discover). The clinic charges a \$50.00 fee to you, the client, for any insufficient funds checks received, which is payable before, or at the time of, your next scheduled appointment.

Ultimately, the client is responsible for timely payment of services rendered. Any account balances outstanding after 90 days are due in full or that amount will be sent to collections. It is the client's responsibility to negotiate with the insurance and/or billing company, as necessary and appropriate.

### Private (Self) Pay

If you are paying for visits privately (without insurance company), our clinic policy requires payment at the time of service. Acceptable payment methods are cash, check, or credit card. Please be prepared to make that payment at the time of your visit. If you have any



questions or concerns regarding clinic fees and discounts available to private pay clients, please contact our office.

# **Late Cancel / Failure-to-Show Appointment**

Our office requires 24-hour's notice for cancellation of any appointment. You may call our clinic to cancel or reschedule. Please leave a message if you do not get in contact with a staff member. Our voicemail will timestamp the message and we will be sure to update the schedule in our software. If a cancelation is not received in that 24-hour timeframe, the client will be assessed a \$50.00 fee which must be paid prior to the next-scheduled appointment. This same charge and policy apply to no-show appointments.

## Failure to Pay

Our staff of mental health and AODA providers, as well as our office staff, ensure confidential, compassionate, and effective care to our clients. We adhere to the highest standards of ethical practices and serve your needs first and foremost. To continue providing these quality services, we require prompt payment and accounts in good standing. If extenuating circumstances occur, please contact our office staff and billing company to make appropriate and reasonable arrangements. Failure to take these steps will result in your account being sent to our collection agency.

Signature of Client	Date:	
	Z ii.e.	
Signature of Parent/Guardian	Date:	
Signature of Witness	Date:	
Signature of Revocation	Date:	