

Rate / Fee Policy

Insurance

In most cases, we will bill your insurance company directly. It carries no guarantee of payment. There are various reasons an insurance company may deny a claim, and in those cases, you are responsible for the charge. You may call your insurance company to check your benefits, but this also does not guarantee payment. Most insurance plans do not cover 100% of charges. You may receive a bill due to a deductible, a co-pay, or because of termination of your coverage. You are responsible for the balance due. Bills can be paid in person, online, via phone, or via mail. Please note billing is done under **Jennifer Vaughn Therapy Services LLC DBA Acquire Mental Health**. We are in network for most major insurance companies.

Out of Network and Other Vendor Payments

If we are out of network with your insurance OR if you have a third-party paying you bill (crimes victims reparation, workman's comp, co-op insurance), there may be times they reimburse you. If this is the case, you are expected to pay your bill.

Cash Accounts (Date of Service)/Opt Out

Clients who do not have insurance, or do not want to use their insurance may pay Date of Service rate. Clients who pay via DOS receive a discounted rate as payment is due at the time of check-in.

You may opt out of using your insurance benefits. If you chose to opt out, payments are made directly to the clinic and will not count towards deductibles, unless it's permitted by your plan. If you are choosing to opt out, please direct any questions to: 218-820-7671. By signing this form, you are acknowledging that you are freely choosing to opt out and self-pay.

Bounced Checks and Declined Cards

If a check bounces, you will be responsible for all the fees incurred due to the bounced check, plus what your originally owed. If your card is declined, we will attempt to charge the card again in a few days. If it is still declined, office staff will contact you. If for some reason a charge gets "bounced back" you will be charged the original fee, plus any fees incurred.

Third Party Billing and Billing Statements

Jennifer Vaughn Therapy Services LLC DBA Acquire Mental Health uses Tebra/Medibillpros for billing and Stripe for credit card processing. By signing below, I authorize any release of information to process my payment. If you have any questions, please contact us at 218-820-7671. Statements go out monthly, around the 9th of the month. These are due upon receipt, and payments will need to be up to date to continue to schedule with your provider. You will also receive text reminders on the 9th and 27th of the month. You may "opt out" of these.

Account Liability and Non Payment

You are ultimately responsible for your account balance. If your bill is not paid within 30 days, office staff will contact me to secure payment or a payment plan. If a payment plan is not made, and/or payments have not been received past 60 days, you will receive a letter. If you still have not paid your bill in 90 days, your bill may be sent to collections. Jennifer Vaughn Therapy Services LLC (DBA Acquire Mental Health) is allowed to release information in order to receive payment for services.

By signing below, you are also acknowledging that you will be suspended from services if your bill becomes over \$300 regardless of payment plan in order to not accrue a high balance. Balances beyond \$300 put our providers in a dual role, which is unethical (debt collecting and provider).

Court fees

Please note, *Court services are not billable to insurance. A \$2000 deposit is required PER DAY requested. If court is cancelled/delayed for any reason from the date of subpoena to a week prior to subpoena date, we will refund \$1,000 of your deposit. If court is canceled/delayed 24 hours or less, then we keep the entire deposit. It is expensive for us to testify, it puts us at a liability risk, we do get an attorney involved, and we have to cancel clients/patients in order to testify. Please note that any requests for court involvement may indicate the clinical relationship is complete as it puts us in a dual role. Please see informed consent on the clinical concerns of requesting a provider to be involved with court. Legal letter writing is \$300 per letter.

Records Requests

Records request/retrieval: Minnesota Statute 144.292 allows providers to charge a retrieval fee for medical records sent to entities such as law offices, disability claims, and other organizations. While medical records requests will be fulfilled, there is an allowable 7 business days to fulfill the request. Please note fees are: retrieval Fee: \$10 and per page: \$0.75.

Late Cancelled or No Show Appointments

Please be aware that your provider reserves the right to charge a late cancel. This does not apply to clients/patients with Medicaid.

Good Faith Estimate

Please note, fees increase yearly. The rates listed below will take effect 6/1/2026.

Mental Health Therapy	Billing Code	Billable Rate	DOS/Discounted Rate		
			Licensed Providers	Unlicensed Providers	Interns
Intake / Diagnostic Assessment (DA)	90791	\$375	\$210	\$190	\$65
Extended Diagnostic Assessment (Extended DA)* Comprehensive assessments	90791 TG	\$525	\$310	---	---
<i>*Extended DA or Comprehensive Assessment: Integrative assessments, DC 0-5 assessments, and/or complicated assessments with collateral contact.</i>					
Session, 30 minutes	90832	\$175	\$75	\$65	---
Session, 45 minutes	90834	\$225	\$120	\$105	---
Session, 55 minutes	90837	\$275	\$140	\$125	\$65
Session, family	90846 90847	\$300	\$140	\$125	\$65
[add on code] Interactive complexity **	90785	\$50	\$25	\$25	---
<i>**Interactive Complexity: communication struggles, more complex sessions, play therapy, interpreters, couples with complexity, such as EFCT, families with complexity, such as EFFT, Trauma with complexity/equipment, such as EMDR or ART sessions</i>					

Neurodivergent Affirmation Testing	Billing Code	Billable Rate	DOS/Discounted Rate	
			Licensed Providers	
ADHD/Autism Assessment	90791 TG 90791	\$525	ADHD/Autism Assessment Package: Assessment, Testing, and 2 follow-up sessions \$750 with nonrefundable \$500 deposit	
[add on code] Interactive complexity (per each session)	90785	\$50		

Psychiatry Medication Management	Billing Code	Billable Rate	DOS/Discounted Rate	
			Licensed Psychiatric & Mental Health Nurse Practitioner	
New Patient, 30-44 minutes	99203	\$250	\$175	
New Patient, 45-59 minutes	99204	\$350	\$175	
New Patient, 60-74 minutes	99205	\$450	\$175	
Follow up, 20-29 minutes	99213	\$200	\$145	
Follow up, 30-39 minutes	99214	\$325	\$145	
Follow up, 40-54 minutes	99215	\$350	\$145	
[add on code] Therapy, 16-37 minutes	90833	\$150	\$75	
[add on code] Therapy, 38-52 minutes	90836	\$200	\$100	
[add on code] Therapy, 53+ minutes	90838	\$350	\$150	

Services not billable to insurance that are patient/client's responsibility

Cancellation or No Show Fee (less than 24 hour notice)

Cancellation or No Show for Therapy Session	\$50
Cancellation or No Show for ADHD/Autism Assessment	\$100
Cancellation or No Show for Psychiatry, New Patient Appointment	\$75
Cancellation or No Show for Psychiatry, Follow Up Appointment	\$50

Extended sessions lasting over 60 minutes	\$35 per extra 15 minutes
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Consultations, multi-agency meetings, report writing	\$50 per 15 minutes
Records request/retrieval to law offices, disability claims, and other organizations**	\$10 + \$0.75 per page
Legal letter writing	\$325 per document
Court Services*	\$2000 deposit per day

Holistic Partners

Reiki with Färden Healing Arts - Jodi

Reiki, 30 minutes	\$40
Reiki, 60 minutes	\$70

EFT Tapping with Bryn Lowrie (Emotional Freedom Technique)

Payment is due within 24 hours of session.
Late cancels are nonrefundable.

1 session for 90 minutes	\$200
5 sessions for 90 minutes	\$925
12 sessions for 90 minutes	\$2040

Insurance Information and Authorization

I certify that the above information is true and correct to the best of my knowledge. I certify that I (or my dependent) have insurance coverage and assign directly to Jennifer Vaughn Therapy Services LLC DBA Acquire Mental Health, all insurance benefits, if any, otherwise, payable to me for services rendered.

I understand and agree that I am ultimately responsible for payment; and that at this time services rendered may not be covered by my insurance. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the release of all information (notes, treatment plans, communication, etc) necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Client / Parent / Guardian Signature

Date