**Braveheart Counseling, LLC.**

3524 Jefferson Davis Hwy

Graniteville, SC 29851

Telephone: (803) 380-9004

The philosophy of Braveheart Counseling is to offer outpatient behavioral health care to as many people as possible at an affordable rate.

1. If you choose to use insurance, with your consent, a copy of the current insurance card will be retained in our office and we will filed with your primary insurance company.

Please note that any amount not paid by your insurance (i.e. deductible, co-pay, etc.) will be billed to you and will be your immediate responsibility.

If you have a deductible, be aware that you must pay on a session-by-session basis until your deductible has been met,

By using a third-party payer, be aware that information concerning your diagnosis will be sent as part of the collection process.

2. Appointments will not be scheduled after an outstanding balance reaches the equivalent of 3 sessions.

3. Clients will be billed at their home address for any unpaid balance until it is paid.

4. Any unpaid balance may be turned over to a professional collection agency.

5. All Braveheart Counseling’s activities pertaining to legal matters will be billed to clients or to their attorneys at the rate of $100/hour. This includes time spent writing summaries, communicating with other professionals about the case, travel time, and time spent at depositions or in court.

**What is a GFE?**

Federal laws regulating client care have been updated to include the “No Surprises” Act. Under the law, healthcare providers need to give patients **who don’t have insurance or who are not using insurance**an estimate of the bill for medical items and services called a “Good Faith Estimate” (GFE) explaining how much your medical care will cost.

Your review of this form and signature is required so that we can demonstrate our compliance with the mandate. Thank you!

Braveheart Counseling has always provided transparency in our billing practices by displaying our fee schedule within our Counseling Policies. Please review the fee schedule below. Note that the Good Faith Estimate does not change any agreements you have already made with us with regard to self-pay.

Your time engaged in services depends on several factors because everyone has unique counseling goals. Like any other relationship, it takes time to develop a therapeutic relationship with your counselor and identify your treatment goals, establish a plan of action, and work towards accomplishing them. Whatever your number of sessions will be, we will work together to meet your needs.

For a good faith estimate: the amount you would owe if you were to attend therapy for 52 sessions in a year (weekly, without skipping any weeks for holidays, break, vacation, unplanned events/sickness, etc.). The "Good Faith Estimate" requires practitioners to provide an exact estimate and not a range. Out of an abundance of caution and transparency, we will only quote weekly appointments.

​According to the [American Psychological Association](https://www.apa.org/ptsd-guideline/patients-and-families/length-treatment), “on average 15 to 20 sessions are required for 50 percent of patients to recover as indicated by self-reported symptom measures”. Additionally, they state that through the working relationship between the client and counselor sometimes the preference is for “longer periods (e.g., 20 to 30 sessions over six months), to achieve more complete symptom remission and to feel confident in the skills needed to maintain treatment gains”.

You and your therapist will continually assess the appropriate frequency of therapy and will work together to determine when you have met your goals and are ready for discharge.

**FEES SCHEDULE** – Effective September 2024

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| **Service** | **Fee** |
| Initial Intake Session | $120.00 |
| Psychotherapy Session | $100.00 |
| Less than 24-hour cancellation or No-Show fee | $50.00 (payable prior to next visit) |
| Assessments (Parenting, trauma assessment, family functioning) | $150.00 |
| Visitation | Supervised: $60.00/hour |
| Therapeutic:  $120/hr |
| Parenting | 12 session group:  $60.00 |
| Individual session:  $75.00 |
| Social Work Services | $50.00/hr |
| Clinical Supervision | Individual: $80.00 |
| Paired: $60.00 |
| Group: $40.00 |
| Consultation | Fee is negotiated prior to start |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a client of HCCC agree that I have read the above and understand that:

\_\_\_\_ Insurance will be filed, and I will pay any part that insurance does not pay;

\_\_\_\_ Insurance will not be filed, and I will pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by the end of each session;

\_\_\_\_I am requesting to pay passed off a sliding scale. My yearly income is approximately $\_\_\_\_\_\_\_\_\_\_\_;

\_\_\_\_ Payment will be made by Cash, Check, or Credit/Debit Card. Secondary insurance will not be filed.

By signing this form, I acknowledge I have been provided additional information regarding my right to receive a Good Faith Estimate explaining how much my medical care will cost.

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Client Signature Date