



PLEASE CAREFULLY READ THE FOLLOWING INFORMATION REGARDING PRIVATE PAY RATES, INSURANCE, LENGTH OF SESSIONS, LATE ARRIVALS, LATE CANCELLATIONS, AND EMERGENCY CALLS.

**PRIVATE PAY RATES:**

- INDIVIDUAL THERAPY WITH A **MASTERS LEVEL CLINICAL INTERN: 45 MINUTES \$45**
- INDIVIDUAL THERAPY WITH A **LICENSED ASSOCIATE COUNSELOR: 53 MINUTES \$120**
- INDIVIDUAL THERAPY WITH A **LICENSED PROFESSIONAL COUNSELOR: 53 MINUTES \$150 TO \$200**
- THERAPY FOR **FAMILY OR COUPLES WITH A LICENSED ASSOCIATE OR PROFESSIONAL COUNSELOR: 53 MINUTES \$165**
- **DBT GROUP THERAPY: 50 MINUTES \$20 PER SESSION**
- **EMDR CONSULTATION: 53 MINUTES \$200**
- **EMDR ROUTINE SESSION: 53 MINUTES \$165**

BY AGREEING TO THE PRIVATE PAY RATE, YOU ARE CONSENTING TO OPT OUT OF ANY INSURANCE CLAIM SUBMISSION OR REIMBURSEMENT FROM INSURANCE. ONCE A SESSION IS PAID AT THE PRIVATE PAY RATE, **CORE BALANCE COUNSELING, LLC** WILL NOT SUBMIT A CLAIM TO INSURANCE. **CORE BALANCE COUNSELING** WILL PROVIDE A SUPERBILL IF YOU REQUEST IT.

**URGENT CALLS WITH PROVIDERS WILL BE BILLED AT THE PRIVATE PAY RATE AT 15 MINUTE INTERVALS. INSURANCE CANNOT BE BILLED FOR SUCH PHONE CALLS.**

CLIENT NAME PRINTED	CLIENT ID
CLIENT / PARENT OR GUARDIAN SIGNATURE	DATE
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**INSURANCE DEDUCTIBLE RATES:**

IF YOU HAVE AN UNMET DEDUCTIBLE FOR THE CONTRACT OR CALENDAR YEAR, YOU WILL BE RESPONSIBLE FOR THE CONTRACTED RATE WITH EACH INSURANCE COMPANY UNTIL YOUR DEDUCTIBLE IS MET:

AETNA: \$122.81 FOR THE INTAKE. \$109.97 FOR EACH ROUTINE SESSION.

BCBS: \$126.75 FOR THE INTAKE. \$95.88 FOR EACH ROUTINE SESSION.

CIGNA: \$132 FOR THE INTAKE. \$112 FOR EACH ROUTINE SESSION.

UHC: \$131.15 FOR THE INTAKE. \$110.30 FOR EACH ROUTINE SESSION.

**FINANCIAL RESPONSIBILITY STATEMENT:**

WHILE WE DO BILL SOME INSURANCE COMPANIES, DEPENDING ON THE COUNSELOR, BILLING INSURANCE DOES NOT GUARANTEE PAYMENT FOR SERVICES. WE MAKE EVERY EFFORT TO VERIFY YOUR BENEFITS PRIOR TO YOUR SESSION. IT IS ULTIMATELY YOUR RESPONSIBILITY TO VERIFY YOUR INSURANCE BENEFITS AND ASSOCIATED COSTS. COPAYS AND/OR OUT-OF-POCKET COSTS ARE DUE AT THE TIME OF SERVICE.

YOU ARE RESPONSIBLE FOR ANY BALANCE RESULTING FROM, BUT NOT LIMITED TO COPAYS, COINSURANCE, DEDUCTIBLE, UNPAID CLAIMS, ETC. THE NON-INSURANCE RATES WILL BE ASSESSED FOR ANY MISSED APPOINTMENTS. WE RESERVE THE RIGHT TO COLLECT OUTSTANDING BALANCES UP TO ONE MONTH OF THE DATE OF SERVICE WITHOUT DIRECT CONTACT.

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_____	_____
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