

# COUNSELING CENTER OF NORTH TEXAS

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## Client Reauthorization Form

It is Counseling Center of North Texas' policy that the therapeutic relationship ends after more than 30 days without a scheduled session. If it has been more than 30 days without a scheduled session, but less than a year, this form can be completed in lieu of new intake paperwork.

I understand that the policies previously signed and agreed upon are still applicable unless stated below and that any additions to the policies previously signed and agreed upon are listed below. I understand that I have the right to obtain a copy of the aforementioned policies should I request them.

As of January 12, 2022, possible changes in policies since my last visit:

### Session Fees

Session fees are listed on the Good Faith Estimate, which has been provided. The actual cost to you may vary due to insurance coverage or if you are using an Employee Assistance Program (EAP) as long as the sessions are covered. You are responsible for all deductibles, co-insurance amounts, and/or co-payments. If a minor is the client, the adult bringing the child to the appointment and/or the person responsible for payment agrees to pay for session costs at the time of service unless arrangements have been made prior to the session independent of what a divorce decree may state. Reimbursement must be made between divorced parents. We are unable to intervene. You may request a statement of charges at any time. Our office is unable to carry balances longer than 60 days, regardless of insurance payment. After 60 days, we will attempt to inform you of the account balance by mail and if no action is taken to clear the account, our office will be required to turn this balance over to a credit recovery service and their third party vendors, including personal contact and account related information, which may report medical collections to the standard credit reporting agencies adversely affecting a clients' credit score, or to small claims court dependent upon the amount due. Any fees associated with balances sent to small claims court will be added to the balance due as will any fees associated with balances sent to a collection agency, which may be based on a percentage at a maximum of 35% of the debt. Sessions will be discontinued if an outstanding balance develops without the establishment of payment arrangements. If a credit card is used for any balance due and these charges are later disputed with the credit card company, Counseling Center of North Texas reserves the right to provide confidential information needed to justify charges with the credit card company.

Initials: \_\_\_\_\_

### Insurance

Due to the varying credentialing requirements of insurance companies and the multitude of networks within, each therapists' insurance involvement varies. Our fully licensed therapists have the ability to be credentialed with insurance companies allowing greater access to your in-network benefits while licensed therapists under supervision typically cannot. When permitted, licensed therapists under supervision may submit claims using Supervisory or Incident-to Billing under an in-network provider, which also provides greater access to your in-network benefits. CCNT can submit claims on your behalf when therapist is in-network or if requested, except in the case of licensed therapists under supervision seeing clients with Blue Cross Blue Shield. CCNT cannot guarantee that any provider is in-network or that any claim filed to insurance will be paid by your insurance provider. Ultimately, it is your responsibility to see that authorizations or referrals are obtained, that mental health is covered by your policy under the insurance company you specify, and that the therapist is in network with your insurance company. If any claims are not paid by insurance after 60 days, including those denied as non-covered charges, your balance becomes your responsibility in full. CCNT can provide a receipt for you to seek reimbursement from your insurance company upon request. If there is a change in insurance, it is your responsibility to notify your therapist prior to sessions occurring

and provide a copy of the new insurance card. If claims are denied due to failure to provide insurance information in a timely manner, your balance is your responsibility in full. If claims are submitted on your behalf and insurance does not respond or does not process the claim for any reason on more than two occasions within 30 days, additional attempts at filing claims will not be made. Student therapists are not in network with any insurance companies and we are unable to submit claims on your behalf. Please speak with your therapist further for additional information.

Would you like insurance claims submitted on your behalf?  Yes  No

Initials: \_\_\_\_\_

I hereby give the office of Counseling Center of North Texas and their staff permission to file any claims and exchange any PHI (protected health information) necessary to receive payment for services performed. I understand that balances unpaid after 60 days will be my responsibility.

Initials: \_\_\_\_\_

### **Court Related Fees**

If you become involved in litigation that requires the participation of your therapist including, but not limited to, divorce, custody disputes, or cases involving CPS or criminal activity, due to the complexity and difficulty of legal involvement, there is a fee of \$200 per hour for preparation for, travel to and from, and attendance at any legal proceedings as well as preparation of records and treatment summaries associated with a subpoena. A \$2000 retainer will be required immediately upon therapist receiving a subpoena and/or court appearances are requested. Due to the immediate response needed, \$400 of this retainer is non-refundable once a subpoena is issued, regardless of whether your therapist is later released from appearing. Because the length of a court hearing cannot be pre-determined, all other appointments on said date must be cancelled; therefore, there is a 4 hour minimum for the date of the court hearing regardless of whether testimony occurs. Two weeks advance notice releasing your therapist from the court hearing must be provided to avoid this 4 hour minimum. Should your therapist be required to appear yet does not testify or is released early, the fees remains as their schedule was cleared to accommodate. There is a \$5 per hour discount for court related fees paid using cash, check, or money order. Any unutilized retainer funds will be put towards any account balances. Refunds will be issued no sooner than one full billing cycle after all court proceedings have ceased. CCNT will notify you if retainer funds fall below \$1000. If this occurs, retainers must be replenished to \$1600 immediately and no less than one business day prior to any court hearings. If a client is involved in a lawsuit that creates a situation where your therapist is court ordered to be involved, the initiating party is responsible for the fees listed above. In cases involving the District Attorney's office, the fees are the client's responsibility.

Initials: \_\_\_\_\_

I have read and accept this agreement and herewith consent to counseling with Counseling Center of North Texas. I understand and accept the continuity of the originally stated policies and practices of the Counseling Center of North Texas in addition to those stated above. I acknowledge that if I am signing on behalf of a minor child, I am their legal guardian and have the power to give medical/psychological consent. I have been informed that a copy of my divorce decree is required for any follow up visits.

\_\_\_\_\_  
Client/Legal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Legal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

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

Date of Birth: \_\_\_\_\_