

Clinician-Patient Agreement and Financial Responsibility

Fees:

- The client portion (co-pay) of fees is expected at the time of service.
- Your health insurance may help you recover some of your counseling costs. Most group policies, but few individual policies cover outpatient psychotherapy. Please verify with your company the amounts of coverage for outpatient psychotherapy by licensed professionals. If your policy requires preauthorization to receive services, it is your responsibility and needs to be handled prior to your first visit.
- Insured clients are expected to take care of their fees as services are rendered. Our office will bill your insurance company for services provided. You will receive a statement each month reflecting any balance due on your account. This office cannot accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim. You are responsible for payment (and insurance claims) on your account. **Failure to pay your part may jeopardize your benefits. Copays are not negotiable.**
- Clients paying on a cash basis, and not billing any insurance company are expected to pay in full at time of service unless a payment plan has been previously arranged.
- Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
- Accounts become delinquent after thirty (30) days. **Accounts 90 days in arrears will be terminated.**
- Any change in my financial situation I will discuss with my therapist. In the event you find it necessary to change mental health providers and require records to be sent from **Innovative Counseling and Coaching Services, Inc's** your account will need to be paid in full.

I have read, understand and agree to the above policies. I have been offered a copy of these policies to take with me if desired. I hereby authorize and my therapist to release any information acquired in the course of my therapy to my insurance company (if client is a minor, parent or guardian sign). I understand my insurance coverage is a relationship between me and my insurance company, and I agree to accept financial responsibility for payment of charges incurred. I understand that a re-billing fee/financial charge complying with (PA) State Law will be applied to any overdue balance, and in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required. I have read and/or received a copy of **Innovative Counseling and Coaching Services, Inc's** Privacy Policy

Client(s) Signature(s): _____

Date: _____

Therapist Signature: _____

Date: _____

Emergencies:

The **best phone number** for all offices is **888-821-2935**. If you receive the voice mail, please leave a message for your personal counselor. Your counselor may be on the phone, in therapy with someone else, or out of the office. In a crisis situation, and your therapist cannot be reached you may **call the 24-hour Mental Health Crisis Line: 911, or go immediately to your local hospital emergency room.**