



COUNSELING AND FEE AGREEMENT

We appreciate your confidence in our services and will strive to serve you in a way that reflects our mission. We hope you will not hesitate to ask questions of your therapist or our office staff at any time. It is important to us to understand any concerns you may have.

OFFICE HOURS

Our receptionist is generally available from 9 a.m. to 4:00 p.m., Monday through Friday. If you call at a time when our receptionist is not in, you may leave a non-emergency message on our answering machine. These messages are checked periodically after receptionist's hours. Our telephone number is **574-277-0274**.

EMERGENCIES

If you have an urgent concern, your counselor will try to schedule an appointment with you as soon as possible. If you are in an emergency situation and cannot reach your counselor, please contact your family physician or go to the nearest hospital emergency room.

FEES

Standard Fee for New Clients: \$135 per 45 minute counseling session. Standard Fee for ongoing 45 minute session: \$100. First 15 minute segment following 45-minutes: \$40, thereafter, each 15 minute segment: \$30. Telephone conversations of a therapeutic nature are pro-rated at \$40 per 15 minute segment. Report preparation: \$40 minimum. No reports will be prepared on your behalf if an overdue balance remains. **Client Assistance Funds Available** for clients who meet the criteria and who do not have insurance. You will be required to provide proof of income if you are to receive an adjustment to your fee. If you wish to explore this possibility, please speak with your counselor.

PAYMENTS

A minimum payment of \$50 for each session is expected at the time of service unless you have insurance, have met your deductible, and have a co-pay that is less. Payment should be presented at the receptionist's desk or to your counselor, if the receptionist is not available. Checks should be made out to the Samaritan Counseling Center. Visa and Master Card are accepted. If we are filing insurance for you, we request that you pay the minimum fee unless you have proof that your deductible has been met and proof of your co-pay.

Failure to make regular payments will initiate monthly interest charges until the account is paid. You will be notified that your account is overdue by billing sent to the address given at intake. If the decision is made to turn the account over to a collection agency, you will be responsible for all resulting attorney fees and/or collection fees incurred in collecting an overdue balance. That may be as much as 40% or more of your account.

A \$25 "Returned Check Fee" will be billed to you for any check returned to us because of non-sufficient funds.

CANCELLATIONS AND/OR FAILED APPOINTMENTS

If you are unable to keep a scheduled appointment, please notify our office or leave a message on the Center's answering machine at least 24 hours before your appointment time. **If you do not call at least 24 hours before your appointment time, you will be charged a minimum of \$45 for the appointment.** Unforeseen emergency situations will be taken into consideration. Please be aware that we cannot bill your insurance company for failed appointments or appointments cancelled without 24-hour notice. In these situations, you will be responsible for your entire fee.

CONFIDENTIALITY AND PERMISSION TO RELEASE INFORMATION

Information you provide during counseling is confidential **except** where disclosure is required by law. These exceptions, usually involving a **threat of harm** to self or others, will be identified should such situations arise. On occasion, your therapy may be assisted by requesting information from or sharing information with other professionals. No such contact will be made without your written permission.

INSURANCE

You are responsible to obtain pre-authorization when your insurance company requires it. All insurance companies require that you sign a form that allows us to provide information requested by them in order to determine coverage. Your signature and consent on the Insurance Information form gives us that permission. Your insurance company may request us to provide things such as: 1) the nature of your problem; 2) your diagnosis; 3) your treatment plan; and 4) the estimated length of time you are likely to be in treatment. If you wish to file insurance for our services, it will be necessary for you to furnish us with the information requested on the Insurance Information form so that a claim can be submitted. If you are covered under two policies, complete the information for each company and indicate which is the primary and which is the secondary carrier.

Your insurance policy is a contract between you and your insurance company. Charges incurred are your responsibility. Our Center cannot guarantee that your insurance company will pay your claim. Managed Care companies authorize sessions; they do not verify or guarantee coverage or payment. You are responsible for charges that are not reimbursed by your insurance company.

MEDICARE

Medicare requires that the Samaritan Counseling Center accept the fee approved by Medicare for their members. For Medicare clients, a co-payment may be required from you. In some cases, your supplemental insurance may cover your co-payment.

E-MAIL

The Samaritan Counseling Center will not respond to e-mails of a personal nature concerning client issues.

ELECTRONIC OR DIGITAL IMAGING POLICY

Any form or document that you sign may be scanned into a computer system or converted into electronic or digital format. You will be asked to agree that a duplicate of this original document shall have the same force, effect and validity as the original document even though a copy or duplicate does not contain an original writing of your signature. A copy or duplicate of this document shall be deemed to be the functional equivalent of the original document for **all** purposes.