



Balanced Life Counseling, LLC
FINANCIAL POLICY

Thank you for choosing Balanced Life Counseling, as your counseling center. Our goal is to provide you with quality mental health care. Your informed participation and your understanding of payment arrangements are essential to our effort to help you, as well as to your effort to benefit from our time together. Please understand that payment of your bill is considered a part of your treatment. All clients must complete this form before meeting with the counselor.

Our customary fee for counseling starts at \$75.00 per standard session. This fee will be charged for each visit. Generally, visits last between 45 and 50 minutes, a time frame commonly called the “counselor’s hour”. Whether you are seen alone, or with other family members, your fee will be the same for each session. **FULL PAYMENT IS DUE AT THE TIME OF SERVICE.** We accept cash, or checks.

Insurance

Balanced Life Counseling is currently contracted with various insurance companies. Please contact us to verify that we are contracted with your insurance company. Our office will be happy to accept insurance assignment and to file insurance claims to receive payment for our time if we have a contract with your insurance or third party payer. In that case, our office will file claims according to the contract terms with your insurance. **You are responsible for paying co-pays to Balanced Life Counseling, at the time of the visit.** Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable by your insurance policy. It is your responsibility to review your insurance policy to determine if pre-authorization for services is required and if said services are covered under your contract. If there is a problem collecting payment from your insurance or managed Care Company for the balance, you remain responsible for payment of the fee. We will bill you directly for any insurance monies not collected within 90 days of the claim having been filed.

A twenty-four hour notice is required for canceling or rescheduling appointments. If not given a 24 hour notice, charge of \$75 for missed appointments will be made (exceptions would be sudden sickness or death in family, or other event which is sudden and could not have been foreseen.). The missed appointment

charge must be paid before another appointment can be scheduled with your therapist or any other therapist. Unfortunately, your insurance company does not pay claims for missed visits.

If you will be late for your scheduled appointment, please call and let us know. If you are more than 15 minutes late, I will assume that you are not coming, and will take the liberty to fill your slot or may leave the facility for personal reasons. You may be billed \$75 for not showing for your visit in this instance also, even if you arrive after I have left.

If you have missed a scheduled visit and you do not call our office to reschedule within 14 days, I will accept that as your notice that you have terminated this agreement and that you wish to discontinue counseling with our office. You may call at any time, however, to schedule another session for evaluating your needs and goals. If you have a financial balance on your account, this needs to be paid before setting up another appointment.

Other Fees

There are other fees that may become necessary. Those fees may included missed appointments, telephone consultation, returned checks, or written reports. If you must cancel a scheduled appointment, please let us know as soon as possible. **If you must miss a scheduled appointment and you are unable to cancel at least 24 hours ahead of time, our office charges \$75.00 for the missed appointment.** Unfortunately, your insurance company does not pay claims for missed visits, so that fee will be charged directly to you. Please help us to serve you better by keeping scheduled appointments.

Balanced Life Counseling does not participate in court or legal proceedings on behalf of clients at this time. This issue can be discussed if necessary.

I have read the financial policy statement, I understand it, and agree to the terms described. Furthermore, I authorize the release of any medical or other information necessary to process insurance claims with medical benefits paid to the assigned counselor for services.

Client Signature

Date