

## Baldwin Counseling Payment Agreement

Baldwin Counseling believes that a clear understanding of our financial policies is important for both client and therapist. We are fully committed to helping you accomplish the goals you establish when you enter counseling and to help you maximize your investment of time and finances. We will deal with you fairly, equitably and with sensitivity in financial matters. The following information clearly describes our financial policies. *A copy for your records will be provided upon written request, with applicable fees remitted.*

PATIENT NAME \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### INSURANCE INFORMATION

- I agree to pay my co-payment, coinsurance, and/or deductible *at the time of service.*
- As a courtesy we will verify insurance benefits. *Any co-payment, coinsurance, or deductible we charge are based on the benefits provided by the insurance company(s)* Patients are responsible for any outstanding balance in the event that the insurance carrier denies benefits, changes co-payment, alters your deductible, retracts a payment, or does not provide benefits as estimated. Patient or Responsible Party is responsible for the balance regardless of the reason the insurance denies coverage.
- Patients must notify our office of any changes to their insurance no later than 48 hours prior to an appointment or patient may be responsible for the full standard fee for that appointment.

### SELF PAY INFORMATION *(The Self Pay Rate is discounted from the Standard Fee.)*

- I agree to pay the rate of \$ 80.00 per session *at the time of service.*
- If payment is NOT made *at the time of service* the patient will forfeit the discounted rate and will be charged the full Standard Fee for that service date *(Standard Fees are based on service type and provider.)*

### PAYMENT INFORMATION

- Full payment is due at the time service. *Credit cards, cash and checks are accepted.*
- Patients will incur a monthly interest rate of 1.67% (APR of 20%) if their account balance is not paid in full within 30 days of the billing date. *Patient will be responsible for payment of these charges, as well as any collection costs including, but not limited to, attorney fees should collection become necessary.*
- Patients will be charged \$35 for a return check or returned credit card payment.
- Patients will be charged a fee of 20% of the balance due if the account is sent to collections and the patient (or any member of the patient's family) cannot be seen if the account is in collections.

### MISSED APPOINTMENT FEE

- Patients will be charged \$80.00 for a missed appointment fee *for appointments that are cancelled less than 24-hours in advance.* Patients may phone the office anytime to cancel an appointment. The voice mail is date and time stamped
- Missed Appointment fees are not covered by insurance and are the responsibility of the patient.

### ADDITIONAL CHARGES

- Patients are responsible for additional charges for services agreed upon by the patient and therapist that are incurred during the course of treatment, including psychological testing, reports, and letters.
- After hour's calls, written consultations and telephone consultations of ten minutes or more will be charged at the therapist's discretion and disclosed to the patient.
- All court related costs (preparation, travel, consultation, reports) are billed at \$180.00 hour.
- Fifty percent of estimated court costs are due at least 48 hours before the scheduled court date/time and the remainder of incurred fees are due within 48 hours of the court date
- Coparenting is not covered by insurance. The rate for coparenting is \$100.00 per forty five minutes and is payable at time of service.
- Costs associated with preparation of reports and letters, as well as consultations, that are not court related, are billable at \$100.00 per hour.
- Specific to children: The parent who signs the payment agreement is responsible for all financial obligations. It is the responsibility of the parent(s) to comply with any court order that requires that

