



FEE AGREEMENT AND FINANCIAL POLICY

Thank you for choosing Grow Counseling Inc. Please review this Fee Agreement and Financial Policy (the “Agreement and Policy”), which describes our schedule of fees for services, charges not covered by insurance, and additional fees. Please be sure you understand the policies regarding cancellations and missed appointments, methods of payment, insurance reimbursement, and past due accounts. If you have questions about anything, **please ask your provider prior to signing this Agreement and Policy.**

1. Our service rates and corresponding health insurance billing codes (numbers starting with '90' refer to mental health services)

This is not a comprehensive list and reflects the most common services provided by our staff. Additional codes may be used by your provider as deemed appropriate.

- 90791 Initial Consultation - Individual (50-60 minutes)
- 90834 Individual and Couples Therapy (45 minutes)
- 90837 Individual and Couples Therapy (60 minutes)
- 90832 Brief Individual and Couples Therapy (30 minutes)
- 90847 Family Therapy (60 minutes)

2. CHARGES NOT COVERED BY INSURANCE

- Services provided by Kylie Hayes, BS, CIT
- Services provided by Shawna Patterson, Skills Trainer
- Services provided by Taylor Oberhelman-McLeod, BS, CIT
- Medical Records Requests
- Case Management (15 minutes)
**Case management includes indirect services provided outside session times such as writing letters, consultations made at your request (for which a written authorization for disclosure of confidential information is required), coordinating adjunct and Court Advocacy services, and completing forms or reports.*
- Phone consultations (11-60 minutes) billed per 15 minutes
- Court appearances - see Court Policy

3. ADDITIONAL FEES

- Late cancellations/Missed Appointment - fewer than 24 hours prior to appointment - full session fee
- Non-sufficient funds (bounced) check: \$25
- Past-due accounts - over 30 days: 5% per month

FEE AGREEMENT AND FINANCIAL POLICY CONTINUED

4. PAYMENT

You will be expected pay for either each session in full, or your insurance co-payment at the time of services provided under the **Service Agreement** and **Notice of Privacy Practices**. Accepted methods of payment are cash, check, or credit cards. Checks should be made payable to *Grow Counseling Inc.*

5. INSURANCE REIMBURSEMENT

Grow Counseling Inc accepts and process insurance payments through a variety of insurance providers and Employee assistance plans. If you are using insurance or Employee assistance provider to pay for our services, then we will:

- (1) Expect and accept payment of your copayment amount at the time of service;
- (2) File your claim with the insurance provider;
- (3) Receive payment from your insurance provider
- (4) Expect that you will pay your portion due of copay, co-insurance, deductible, or fee difference at the time of your appointment.

PLEASE NOTE

Grow Counseling Inc files insurance as a courtesy to you. You are ultimately responsible for your bill, not your insurance company. If your insurance company denies a claim on your behalf, then you are responsible to pay Grow Counseling Inc the difference between the standard contracted rate and the amount previously paid as a copay unless approved otherwise by owners of Grow Counseling Inc.

By signing below, you agree (1) to allow Grow Counseling Inc to bill your insurance directly for services provided under the **Service Agreement**; (2) give Grow Counseling Inc permission to release any information the insurance company may require in order to process payment; (3) appoint Grow Counseling Inc as my authorized representative to act for me in obtaining payment; (4) assign all of my rights to claims and payment by my insurance to Grow Counseling Inc; and (5) agree to assist with the claims process as required by Grow Counseling Inc or your insurance provider. You understand that if your insurance plan requires you meet a deductible prior to coverage by insurance, you will be responsible for the full contracted rate until the required deductible amount has been met. You acknowledge that not all issues, conditions, and problems dealt with in psychotherapy are reimbursed by insurance companies.

Client Name (Printed)

Client/Guardian Signature

Date

FEE AGREEMENT AND FINANCIAL POLICY CONTINUED

6. PRIVATE/SELF-PAYMENT FOR SERVICES

I do not have or do not wish to utilize insurance for services received at Grow Counseling Inc. I will self-pay for services at Grow Counseling Inc. I agree to the fee schedule I qualify for based on my income. I understand that payment for services is due at the time services are provided, and alternative payment arrangements must be made with Clinical Director.

Client Name (Printed)

Client/Guardian Signature

Date

7. CANCELATIONS & MISSED APPOINTMENTS

Insurance carriers will not pay for late cancelations or missed appointments. Once an appointment is scheduled, that time is reserved specifically for you. Cancelations must be made at least 24 hours' in advance. Although 24 hours is the minimum, if you need to cancel or reschedule please give as much notice as possible. You may notify our office of cancelation by phone, text, or Client Portal secure message to your provider. ***Late cancelations (fewer than 24 hours before the appointment) will be charged the full session fee.***

8. PAST DUE ACCOUNTS

Amounts past due by more than 30 days will incur a late fee each month of 5% of the total balance past due. If your account has not been paid for more than 45 days and arrangements for payment have not been agreed upon, Grow Counseling Inc may resort to legal means to secure payment. This may involve hiring a collection agency, an attorney, or going through small claims court. If such legal action is necessary, you will be responsible for those costs.

If you are unable to pay a past-due balance for more than four sessions and have not made arrangements for payment, services will be suspended and potential referral options provided to you. Grow Counseling Inc reserves the right to extend payment agreements to clients beyond the length of time you seek services here, as long as you are diligent in keeping up with arrangements we agree upon during the time you are an active client.

Client Name (Printed)

Client/Guardian Signature

Date

FEE AGREEMENT AND FINANCIAL POLICY CONTINUED

9. Credit Card on File

Upon scheduling your first appointment you have the option to provide credit card information which will be kept on file to be used as a form of payment for fees incurred for co-pays, co-insurance, deductibles, late cancellations, missed appointments, returned checks, or past due account balances. A receipt will be emailed to you at the email address you provided.

By signing here, you agree to authorize Grow Counseling Inc to charge a card kept on file as needed according to the terms specified in this Agreement and Policy.

Client Name (Printed)

Client/Guardian Signature

Date

I have read the Agreement and Policy above, and I have been offered a copy for my records. I understand the policy and by my signature below I agree to be bound by its terms in association with outpatient services provided to me by Grow Counseling Inc. Any and all negotiated exceptions or special arrangements are listed below are require approval and are not valid unless signed by a representative of Grow Counseling Inc.

Client Name (Printed)

Date of Birth

Client/Guardian Signature

Date

Office: 113 East Washington Street
 Mailing: PO Box 924
 Kirksville, MO 63501



(660) 988-9669
 info@growcounselinginc.com
 growcounselinginc.com

Client Name: _____ Client ID#: _____

Tier: _____ Staff Signature: _____

Sliding Scale Rates 2019

| Session Length | Frequently Used When... | Cost |
|----------------------|---|------------------|
| Intake Session | First session following consultation | |
| | Tier 3 | \$110 |
| | Tier 2 | \$150 |
| | Tier 1 | \$200 |
| 45 minutes | Standard weekly or biweekly appointment | |
| | Tier 3 | \$65 |
| | Tier 2 | \$80 |
| | Tier 1 | \$100 |
| 60 minutes | Family Appointments are a minimum of 60 minutes; PTSD treatment is typically 2-3 times per week for 60 minutes | |
| | Tier 3 | \$85 |
| | Tier 2 | \$100 |
| | Tier 1 | \$120 |
| 90 minutes | Sometimes used during trauma therapy or extended sessions | |
| | Tier 3 | \$120 |
| | Tier 2 | \$150 |
| | Tier 1 | \$180 |
| 15-minute increments | All other Case Management duties requiring 7 minutes or longer of therapist's time including but not limited to phone calls with other providers, attending IEP meetings, writing letters, etc. | |
| | Tier 3 | \$20/15 minutes |
| | Tier 2 | \$25/15 minutes |
| | Tier 1 | \$30/15 minutes |
| Varies | Court-related activities | See Court Policy |
| Varies | Groups Priced flat-rate, per group session. Inquire for current information. | |

ACKNOWLEDGEMENT

I HEREBY CERTIFY that I have read, understand and agree to the terms and conditions of services and have received/been offered a copy. I agree to the rate tier approved above and will notify Grow Counseling Inc if I have a significant change of income.

 Client/Guardian Signature

 Date