



FINANCIAL AGREEMENT

Payments

We are committed to providing you with the best possible care. Co-pays/Co-insurance/Cash Discounts are due at the time of service unless another agreement has been reached between you and Engage Services. We accept cash, checks, and credit/debit cards. Any amount not paid by a third party is expected to be paid by you within 30 days of the invoice to avoid a finance charge. Any account balances outstanding after ninety days will be subject to administrative review and can be considered for submission to a collection agency. Please contact the business office to inquire about payment plans and discount rates.

Other services

There is no charge for brief phone calls. However, calls requiring more than 10 minutes may be charged to the closet quarter hour at the Crisis Psychotherapy rate at the discretion of the therapist. Any legal appearances or professional work outside of normal therapeutic commitments will also be billed at this rate.

Cancellations and Missed Appointments

If you are unable to attend a scheduled session, it is your responsibility to let Engage Services know your intent to cancel your scheduled appointment. We reserve the right to charge a \$25 cancellation fee if the scheduled session is not cancelled prior to 24 hours before the session or is without appropriate emergency exceptions. Any missed appointments will be assessed a \$75 missed appointment fee. A complete fee schedule will be provided by request. Emergency exceptions will be considered on a per-needed basis.

Standard Fees

The standard fee for the initial Psychotherapy Evaluation is \$300. For Subsequent Psychotherapy Sessions, the standard rate is \$250. We offer a discounted and sliding fee rate for payment at time of service for those who do not have insurance or have not met their insurance deductible. A discount cash price and sliding fee are available for approved clients upon request. All accounts will be required to have a credit/debit card on file which will be charged at check in prior to the session and per the missed/cancelled appointment agreement. The client is required to make sure debit/credit cards on file are current and funded. (Call for information on discounts and sliding fee.) By signing this form, the client is giving permission to charge the card on file for the above agreed upon amounts. Discount pricing will not be allowed to carry a balance on the account.

Insurance

Processing your insurance claims and tracking reimbursement is a benefit we provide to you. If you have medical insurance providing coverage for mental health counseling, we can assist in processing claims and tracking reimbursement. Remember, you are ultimately responsible for any cost not covered by the insurance plan.

Insurance Information Copy of Insurance Card provided: Yes No
Insurance Company _____ Phone Number _____
ID Number _____ Group Number _____
Policy Holder _____ Policy Holder DOB ____/____/____
Policy Holder Employer _____ Policy Holder Phone _____
Client's relationship to Policy Holder _____

Authorization for Health Insurance Claims

Engage Services utilizes documentation software that allows for billing to take place electronically. Information is stored then shared electronically with a clearinghouse that forwards the claims to your health insurance company. During this process, identifying information of the client such as name, date of birth, diagnosis and type of session is visible to health insurance companies. These companies are required by law to maintain confidentiality. By signing below, the client or authorized person on behalf of the client, hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of the client. It also serves as my signature authorizing Engage Services to process claims without obtaining my signature on each submission.

My Signature below signifies that I have read and understand all the above. I have been given a copy of this agreement as well as understand the policy can be found at www.EngageServices.Net.

_____/_____/_____
Client or Authorized Person on Behalf of the Client Date