

INSIGHTFUL MATTERS

FAMILY COUNSELING PROFESSIONALS

Insurance & Private Pay Financial Agreement

Please review this Financial Agreement, 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.

Session Information

Following is a list of common service rates and the corresponding health insurance billing codes. This is not a comprehensive list, but reflects the most common services provided by our staff. Additional codes may be used by your provider as deemed appropriate.

- 90791 Initial Consultation - \$210.00
- 90832 Individual Therapy (30 minutes) - \$120.00
- 90834 Individual Therapy (45 minutes) - \$150.00
- 90837 Individual Therapy (60 minutes) - \$180.00
- 90847 Family Psychotherapy - \$160.00

Other Services/Fees

- Written reports and/or letters - \$90.00
- Professional Consultation (responding to subpoenas, doctor, lawyer, etc.) - \$150/hour
- Document Copy Services - \$15.00 + \$0.15 per copied sheet of paper
- Returned Check Fee - \$25.00

All fees are to be paid at the time of service. Insightful Matters Family Counseling Professionals, Inc. (IMFCP, Inc.) offers a sliding scale fee on a case-by-case basis. If you feel a reduction is warranted, please discuss with your therapist.

Insurance Clients

Insurance plans have pre-determined fee schedules that may be different than the amounts stated above. If you are an insurance client, you are responsible for any applicable deductible amounts, co-payments or co-insurance funds stated due on the Explanation of Benefits (EOB) issued by your insurance carrier. After claims process, any unpaid balance will be charged to the credit card on file unless other payment arrangements are made.

IMFCP, Inc. recommends contacting your insurance company directly to obtain your IMFCP providers' network status. If your therapist is out-of-network with your insurance plan, you may be responsible for partial or full payment. If this is the case, IMFCP, Inc. will explore the possibility of submitting claims to your insurance carrier or alternatively, we can provide you with a superbill (upon request), with which you are welcome to self-submit an out-of-network claim. Please be aware that your insurance company may send you the session payment directly. This payment is to be remitted to your provider for services rendered.

It is the responsibility of the insured/parent/client to present secondary or tertiary coverage at the time of initial visit. If not presented at the initial visit, the client/parent will be responsible for filing secondary claims themselves. The client/parent is also responsible for keeping track of referrals, authorizations and/or plan limitations including visit limitation. Any information or statements written here are not a guarantee of benefits and/or payment and are subject to payment of premiums, as well as, policy limitations and exclusions outlines in your insurance plan guidelines. No insurance carrier will guarantee benefits until a claim is received in their office and reviewed for medical necessity.

No-Show and Cancellation

Please contact your therapist directly for all communication, scheduling, and cancellations. Once your appointment is scheduled, IMFCP, Inc. requires you to cancel directly with your therapist 24 hours prior to your scheduled session. If your appointment is on a Monday, you must cancel on Friday before 3pm to be within Insightful Matters policy.

If you do not comply with the 24-hour cancellation policy, a \$75.00 missed appointment fee will be assessed. Payment will be charged to your card on file or if needed, you will be contacted regarding the fees due. Payment for no-show or late cancellation is due prior to scheduling another session. We understand that certain emergencies arise that are beyond your control, however, if excessive no-shows or late cancellations occur, this will result in a termination of treatment. Please discuss any concerns with your therapist in these circumstances.

Delinquent Accounts

Any unpaid balances past 30 days will result in a delinquent account, IMFCP, Inc. will begin collection procedures. If collection procedures are initiated, IMFCP, Inc. will attempt to contact you directly. If your account remains delinquent, past 90 days, an outside collection agency may be used. In such cases, non-clinical information (as given on the Intake form) may be released to assist in the collection of the amount due.

Insurance Clients:

I authorize Insightful Matters FCP, Inc to bill my insurance plan.

I am responsible to pay fees for each session in accordance with the patient responsibility listed on the Explanation of Benefits, which is issued by my insurance carrier. If my insurance carrier denies or fails to process the claim, I am financially responsible for the billed amount.

Cash Pay Clients:

I agree that I am responsible for the payment of \$_____ per session (30-60 minutes) which is due and payable at the time of the session.

Please check one: Accept a copy of Agreement Decline a copy of Agreement

Credit Card Authorization

All private insurance clients are required to keep a valid credit card on file. For your convenience, this credit card will only be used as a form of payment for fees incurred for deductibles, co-payments, co-insurance, no-show or late cancellations, or returned checks.

Card Type: Visa Mastercard Discover American Express

Card Number: _____ Exp. Date: _____ CVV Code: _____

Name as Printed on Card: _____

Billing Address: _____

I agree that all the information provided is accurate and complete. With my signature, I certify that I am an authorized signer on the above credit card account. I authorize Insightful Matters FCP, Inc. to make charges to my credit card for services rendered according to the terms specified in this Contract.

Authorized Cardholder Signature

Date

Print Client Name

Signature of Person Financially Responsible

Date