

Client Information

The guidelines below are intended to familiarize you with the procedures of the office. If you have any questions about these, feel free to discuss them prior to signing.

Length of Sessions – Sessions are 50 minutes. During our time together you will have my undivided attention.

Payment It will be to your advantage to have your payment prepared in advance of our meeting in order to maximize our time together. Please pay at every session and make checks payable to *Marlo Bennett* or *Cash*. I will have your receipt prepared in advance.

Fees The fee for individual & couples sessions is \$110.00. Payment is due at time of service. A finance charge of 18% APR is applied daily to balances over 30 days due.

Please take note of the following fee information:

- (a) If therapist is a preferred provider with client's insurance company, the therapy fee is the contracted rate set by the company. Prior to the 1st appointment client agrees to obtain from insurance the "outpatient mental health" benefit including number of sessions available per "benefit" or "calendar" year, deductible and how much has been met, and rates for co-payment and co-insurance. Co-payment for mental health services is often different from co-payment listed on insurance card.
- (b) Claims for preferred provider services are submitted to insurance as a courtesy. If insurance does not provide payment within 45 days of claim submission, and for no error of the claim sent, client is responsible to pay the billed amount within 30 days of insurance denial. A finance charge of 18% APR is applied daily to balances over 30 days due. If there is a dispute about a claim error, client will contact insurance for detail of reported error.
- (c) If therapist is not a preferred provider with client's insurance company, a claim form can be prepared for client to submit to insurance for reimbursement.
- (d) If insurance coverage changes during the course of therapy, client is responsible to notify therapist before the new policy takes effect.

Rescheduling Your appointment time is reserved only for you. I understand emergencies may arise which would prevent you from keeping a scheduled appointment. Please contact me as soon as you know you will be unavailable. Cancellations within 24 hours of appointment are subject to a \$50 cancellation fee. This policy goes into effect following the initial session. If I have a contractual agreement with your insurance company, the company's cancellation policy supersedes this policy.

Confidentiality Services of this office are confidential. Information contained in your file is considered protected health information and cannot be released to other parties without your consent, but there are exceptions to this. There are specific circumstances (e.g. risk of suicide, disclosure of child abuse, subpoena) in which this information can or must be released without your permission. I will explain these in our first session. Information released to your insurance company for the purpose of confirming benefits and obtaining payment does not require your consent. Also, without your consent, billing information can be released to a billing agency or court if your account is past due. Please note that managed care companies and EAP benefits may require the therapist to submit reports that include treatment information.

Other Resources I am at your service to share my resources with you...doctors and other health professionals, etc. Feel free to ask for these sources. I regard our association as an important relationship. If you feel you benefit from our time together, I welcome you to refer others to my services.

By signing below, I agree to abide by the above policies.

Signature

Printed Name

Date