



Fee Agreement and Financial Policy

Thank you for choosing Cornerstone Family Therapy. Please review this Fee Agreement and Financial 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 cancelations and missed appointments, methods of payment, insurance reimbursement, and past due accounts. If you have any questions about anything, please ask your provider.

Our service rates and corresponding health insurance billing codes

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 Intake – Individual (50-60 min.) \$225.00
- 90837 Individual Therapy (50-60 min.) \$200.00
- 90834 Brief Individual Therapy (45 min.) \$170.00
- 90832 Brief Individual Therapy (30 min.) \$125.00
- 90847 Family psychotherapy (with the patient present) \$200.00
- 90846 Family psychotherapy (without the patient present) \$200.00

CHARGES NOT COVERED BY INSURANCE

- Medical Records Requests \$25.00 per request
- Records Preparation/Documentation Requests \$75.00 per 30 minutes.
- Completing forms, writing letters, providing treatment summaries, or reports \$25.00 per request
- Late cancelations/Missed Appointment – fewer than 24 hrs. prior to appointment \$50.00 after failure to attend one scheduled therapy sessions for each missed session thereafter.
- Non-sufficient funds \$35.00
- Past-due accounts – will be assessed the amount charged by the collection agency
- Court Action and Legal Fees as outlined below

COURT ACTION AND LEGAL FEES

Clients are strongly discouraged from having their therapist subpoenaed or having records provided for the purpose of litigation. Even though you are responsible for the testimony fee, it does not mean that my testimony will be solely in your favor. I can only testify to the facts of the case and, if qualified to do so by the court, my professional opinion. Asking a therapist to provide confidential records or testify can damage the trust built in a counseling relationship with a client especially if I am still seeing that client in therapy. If I am subpoenaed to testify or provide records in a case where my client is a child, the therapeutic relationship is effectively ended and it is very likely I will not continue to provide services to that child/family.

If the therapist is to receive a subpoena, we ask that we are given a minimum of 72 business hours' notice of any Court appearance so that schedule changes for clients can be made within a reasonable time frame.

Please note: If a subpoena or notice to meet attorney(s) is received without a minimum of 72 business hours' notice, there will be an additional \$250 express charge.

When it comes to court action, the following fees are in effect:

- Preparation Time \$150/hour (including the submission of records.)
- Phone calls: \$150/hour
- Mileage: .62/mile
- Time away from office due to Dispositions or Testimony: \$200/hour
- All attorney fees and costs that are incurred by the therapist as a result of the legal action.
- Filing document with the court: \$100

The minimum charge for a court appearance: \$500

A retainer of \$500 is due at least 72 business hours before the scheduled court appearance. The remainder of the costs will be billed after the court appearance and will be due upon receipt. If the therapist is subpoenaed and the case is reset with less than 72 business hours' notice prior to the beginning of the day of the scheduled subpoena, trial, and/or testimony is not given, then the client will be charged \$500 (in addition to the original retainer of \$500 for having to appear in court).

Fee Agreement and Financial Policy Continued

PAYMENT

You will be expected to pay for either each session in full, or your insurance co-payment at the time of services provided. Accepted methods of payment are cash, check, or credit cards. Checks should be made payable to **Cornerstone Family Therapy.**

INSURANCE REIMBURSEMENT

Cornerstone Family Therapy 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:

If your insurance company denies a claim filed on your behalf, then you are responsible to Cornerstone Family Therapy for the difference between the standard rate and the amount previously paid as copay unless approved otherwise by owners of Cornerstone Family Therapy.

I agree to (1) allow Cornerstone Family Therapy to bill my insurance directly for services provided (2) give Cornerstone Family Therapy permission to release any information the insurance company may require in order to process payment; appoint Cornerstone Family Therapy as my authorized representative to act for me in obtaining payment; (3) assign all of my rights to claims and payment by my insurance to Cornerstone Family Therapy; and (4) agree to assist with the claims process as required by Cornerstone Family Therapy or my insurance provider. I understand that if my insurance plan requires that I meet a deductible amount prior to coverage by insurance, I will be responsible for the full session fee until the required deductible amount has been met. I acknowledge that not all issues, conditions, and problems dealt with in psychotherapy are reimbursed by insurance companies.

PLEASE NOTE: Cornerstone Family Therapy files insurance as a courtesy to you, and that you (not your insurance company) are ultimately responsible for your bill.

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 or email to your provider. Late cancelations (fewer than 24 hours before the appointment) will incur a fee of \$50.00 after failure to attend one scheduled therapy sessions for each missed session thereafter. Please be advised that two no shows or three late cancels for any provider will result in discharge from the practice.

Fee Agreement and Financial Policy Continued

PAST DUE ACCOUNTS

If your client responsibility balance becomes greater than \$250.00 at anytime, CSFT requires payment agreements be made and followed in order to continue treatment. If at any time it is determined that good faith payments are not being made on any account, CSFT reserves the right to deny services till accounts are paid in full. Not fulfilling financial obligations to CSFT is also grounds for discharge from the practice. If there is a credit balance on your account at anytime and you are still receiving treatment please note that the credit will be applied to future fees incurred. Cornerstone Family Therapy does not permit clients to carry a balance of more than three sessions and if you are unable to pay this balance, we will discuss whether it makes sense to pause your care or develop another strategy so that you can avoid incurring additional debt. Please let us know if any problem arises during the course of therapy regarding your ability to make timely payments.

OUR CREDIT CARD POLICY

Our clients appreciate the convenience of using a credit, debit or health savings account to cover their portion of the medical costs. We take your card securely and notify you about any charges due after your insurance is applied. As a service to our clients, we automatically submit your medical claim(s) to your health insurance company. When your insurance plan determines the amount that you owe as "patient responsibility," we charge that amount on the card you provided. If you owe any balance after your insurance pays, we will send you an email notification 10 days before your card is charged. The timing of this communication depends on how fast we hear back from your insurance company. It usually happens within 30 days of your visit, but it could take up to 90 days. If you owe any balance after your insurance pays, we will notify you within 90 days. If you do not have an email, we will send a letter that will arrive about 2 to 5 days before your card is charged. If you do not

want the credit card that was previously provided to be changed for any reason, please immediately contact our office at 574.651.8912 Option 0 to make other payment arrangements.