

FEE AGREEMENT

This Fee Agreement is between _____ and NORTHWEST COUNSELING, INC.
Client(s) Name(s) (Please Print)

BASIC INFORMATION

NCI is a fee-for-service counseling group and charges must be paid at the time services are rendered unless approved by your counselor. Fees may be paid by cash, check, credit or debit.

INSURANCE CLAIMS

NCI will file all appropriate insurance claims. Filing of insurance **does not** guarantee payments by your insurance company. If a claim is incorrectly denied, NCI will file the claim once more. After the second denial of benefits, the outstanding balance will be the responsibility of the client. This in no way negates the client's ability to pursue reimbursement directly from the insurance company, and NCI will provide the client any documentation required to pursue reimbursement of the denied claim. Verifying participation in your specific plan network and knowing and understanding your insurance benefits is your responsibility. NCI billing staff will be happy to assist you with any questions.

CO-PAYS, CO-INSURANCE and DEDUCTIBLES

Client is responsible for all co-pays, deductibles and any other amount not covered by insurance at the time of the appointment. Collection of co-payment, coinsurance, and/or deductibles does not guarantee that you will not be responsible for additional charges not covered by insurance once remittance is made by your insurance company. Please be aware that some services you receive may be non-covered. Our office will try to inform you of these services prior to treatment. Ultimately, it is your responsibility to know your benefits. Non-covered services will be the client's responsibility.

CHILDREN OF DIVORCED PARENTS

Responsibility for payment for treatment of minor children whose parents are divorced rests with the parent who seeks treatment. Any court ordered responsibility judgement must be determined between the individuals involved, without the inclusion of Northwest Counseling, Inc.

CANCELLATIONS and RETURNED CHECKS

For sessions that are cancelled less than 24 hours of your scheduled appointment, you may be charged half of the regular session fee, emergencies excepted (we are unable to bill insurance if you are not present).

FEES

Fee for services by Julia Coffman, LPC, are \$165.00 per therapeutic hour (at least 53 minutes). The fee for the first session is \$195.00 and may be up to 90 minutes long.

RECORDS

Professional forms/letters: Completion of forms for employment, school, return-to-work, disability, leave of absence, legal action, etc: These forms can take up to 10 business days to complete from the time of request. Record fees begin at \$40, and are due prior to forms being completed.

COURT APPEARANCE POLICY

If a court appearance by your counselor is requested or subpoenaed, the fee is \$165 per hour with 4 hour minimum, regardless of actual time required at legal venue. This fee includes drive time and loss of counseling time in office. Fees must be paid prior to court appearance.

AGREEMENT

Insurance will be filed and I will be responsible for all fees not covered in the following manner:

I do not have insurance and agree to pay for services in the following manner:

All fees at the time services are rendered.

All copays, deductibles or coinsurance according to the terms of my insurance plan at the time services are rendered. Benefit terms: _____

(to be completed by office)

Payment Plan: Due to my financial situation I would like to discuss the option of a Payment Plan with my counselor. I agree to pay:

\$_____ per **session/week** while in counseling and an equivalent amount for every week not in attendance or after terminating counseling. This option requires a credit card on file authorization (see specific details per the Payment Plan Agreement).

Other arrangements: _____

By signing below you agree to the above payment arrangements as a client of NCI.

Client Signature

Date

Client Signature

Date

Julia Coffman, LPC

Date