

Circle of Life Counseling, LLC

Dorith Prutchi, MSS, LCSW- Licensed Clinical Social Worker

FINANCIAL POLICY

This policy describes our fees and our policies that affect my financial arrangement with you. If you have any questions regarding my r fees or my financial policies, please do not hesitate to ask for clarification.

Clinician Fees: Below are our current fees:

Standard Services: Diagnostic Interview (90791) \$120. Individual Psychotherapy 55 Minutes (90837) \$120. Any additional 30 minutes \$60 (90840).

Written Report for Legal or Insurance Purposes: \$200.00 per hour plus copying fees, below. When a report is needed to enable a client to receive ongoing care by another practitioner or for use in judicial proceedings, we will not require advance payment as a condition for releasing the report, unless the report is prepared as an expert witness.

Forms to be completed by clinician \$20.00 per page. Employment or School Notes \$20.00 per page.

Ancillary Services: Ancillary services are prorated based on \$200.00 per hour. These services may include but are not limited to: Report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your written permission, preparation of records or treatment summaries, and the time spent performing any other service you request. If you become involved in legal proceedings that require my participation, you will be expected to pay for all my professional time, including preparation and transportation costs, even if I am called to testify by another party. Fees for legal involvement are \$200.00 per hour. Payment is due upon delivery of the report or evaluation, and includes copying and postage fees if required. The charge for routine copying of existing documents for report writing or preparation for legal proceedings is \$1.00 per page.

Copy Fees: Copies of records you request for yourself or which you directly request be sent to a third party will be charged at an allowable, cost-based fee, not to exceed \$1.00 per page, and as allowed by state law and HIPAA. When a third party requests a copy of your record, we will charge that third party a reasonable cost-based fee.

Payment Policies

Payment in full is due from you at the time services are rendered.

Insurance Out-of-Network Disclosures. I am out-of-network for all insurers and plans except for Medicare. I will only participate in straight Medicare, not Medicare Advantage. For Medicare clients, your financial responsibility will be your coinsurance and deductible, due at time services are rendered.

For all other clients (including clients with insurance provided by self-funded plans), payment in full is due at the time services are rendered. This may be more than the reimbursement you receive under

your out-of-network benefits. You should contact your health benefits plan (or your self-funded plan administrator, if applicable) for information regarding coverage for my services and your out-of-network benefits. Contact information is typically found on the card provided to you by your plan. As a courtesy to you, I will submit a claim to your insurer. I will notify you in the event my out-of-network status with your payor/plan changes.

You will be asked to sign an acknowledgement that you have agreed to receive our services as an out-of-network provider, and that our charges will exceed your in-network copayment, deductible, and/or coinsurance amounts. We accept payment by cash, check or credit card.

I cannot accept goods or services from clients as payment for professional services.

Credit Card Payments: I accept debit and credit card payments. At your option, you may use Square or Venmo for online or mobile payments. I use private settings for these services and you should use private settings for all such payments. While these services attest to payment card industry and HIPAA compliance, no system is completely “hack proof”. By signing below, you acknowledge that there is some risk in using these online and mobile applications and you consent to our use of same for processing your payments.

Returned Check Fee: In addition to the amount of the check, a fee of \$35.00 will be assessed on all returned checks. This fee represents the exact fee we are charged by our bank. If returned check fees remain unpaid, they will be subject to the same conditions as other unpaid balances as outlined below.

Missed Appointments: Scheduling an appointment reserves a specific time for you. Therefore, appointments must be canceled at least 24 hours before the scheduled time. This gives me the opportunity to schedule someone else, as there may be a waiting list. If you do not give 24 hours’ notice, you will be charged \$65.00 for a *Late Cancellation* fee. If you simply do not show up for your appointment, you will be charged a \$65.00 *No Show* fee. You may leave a cancellation message 24 hours a day by calling **(856) 448-2439**. You also may notify me of a cancellation via text message, but notice must still be received at least 24 hours prior to the scheduled time to avoid the cancellation charge. Cancellation policies are standard in the mental health field and will be strictly enforced. On occasion, there will be understandable reasons for missing appointments, but exceptions to this policy will be rare. Not showing up to an appointment and not calling will ALWAYS result in a *No-Show* fee of \$65.00.

I recognize that this is a delicate topic and that there may occasionally be unforeseen circumstances that inhibit your ability to provide 24 hours’ notice. To help address this matter, each patient will be permitted two “late cancel” sessions per calendar year without charge. If you will be late for an appointment, please notify me ahead of time and if you are not later than 15 minutes, your appointment time will be held for you. After 15 minutes, you will not be seen and will be charged for a missed appointment. This will be considered a *No Show* and you will be charged a *No-Show* fee of \$65.00.

I may terminate mt services with you if you have not paid an overdue balance for my fees or charges. I will discuss the consequences of nonpayment with you in advance. If you are unable to pay my fees, I will refer you to other sources for your needed services. You may terminate our arrangement at any time, but you will remain responsible for payment for services rendered up to the effective date of termination and any outstanding fees and charges.

Again, if you have any questions regarding my fees or financial policies, please ask for clarification.

The person signing below is the responsible party for payment of fees for services as outlined above and attests that he/she has read, understands, and agrees to the policy set forth above and has received a copy of same:

Client Name (Print): _____

Signature of Client or Responsible Party: _____

Dated: _____

If person signing is not Client, state relationship to Client: _____

_____ Dated: _____

Dorith Prutchi, MSS, LCSW

04/01/19
