



## FINANCIAL AGREEMENT

### ***FEES AND PAYMENT FOR SERVICE:***

Strive CLE Counseling LLC has established the following fee schedule for mental health counseling with a clinician (defined as: LPC, LPCC, LPCC-S, LSW, LISW, LISW-S)

\$250 for initial individual assessment

\$200 for sessions 53-60 minutes in length

\$150 for sessions 38-52 minutes in length

\$125 for sessions 16-37 minutes in length

\$150 for family sessions (in which client doesn't attend)

\$200 for family sessions (in which client attends)

\$100 for cancelled appointments without 24-hour notice or no show

Full Payment for services is due at the time of service and collected at the beginning of each appointment. Any insurance co-payments, coinsurance or deductible is due at the time of service. Strive CLE Counseling LLC reserves the right to cancel your appointment if proof of insurance cannot be verified or is not provided or requires a full visit fee be paid prior to your appointment.

(Copay): A preset amount that is your responsibility at each visit. This is a flat rate that is subject to change each time your policy is renewed.

(Co-Insurance): A percentage of your visit which will be calculated on the amount your insurance discount allows for the type of service you are receiving. This amount may change from visit to visit depending on the complexity of your appointment and or additional services rendered during your appointment.

(Deductible): The amount you pay for covered health care services before your insurance plan starts to pay. With a \$500 deductible, for example, you pay the first \$500 of covered services yourself. After you pay/meet your deductible, you may then be responsible for a copay or coinsurance for covered services and your insurance company will be responsible for the remainder.

(Self-Pay): When you do not have insurance or are paying out of pocket for your visit, you will be quoted a typical visit amount for your reason for visit and length, and payment will be required prior to your visit. This amount may increase depending on the type of service you actually receive along with any additional services rendered during the visit.

#### ***UNDERSTANDING YOUR HEALTHCARE COVERAGE:***

While Strive CLE Counseling LLC attempts to provide you with and explain your financial obligations for services via an insurance benefit check, it is your responsibility as the patient to understand what your insurance plan covers and does not cover. Strive CLE Counseling LLC recommends you contact your insurance company by calling the number listed on your insurance card and inquire about your mental health/behavioral health benefits allowing you to be aware of any costs that may become your responsibility as part of your treatment with Strive CLE Counseling LLC. I also understand and acknowledge that I am personally responsible to pay Strive CLE Counseling LLC in full for services that my health insurer will not cover due to non-payment of my health insurance premiums. I understand that any changes to my insurance coverage is my responsibility to communicate to Strive CLE Counseling LLC. I agree to notify Strive CLE Counseling LLC before my next visit so we can make the appropriate changes and assist you in receiving your maximum insurance plan benefits.

#### ***APPOINTMENTS AND CANCELLATIONS:***

Strive CLE Counseling LLC values the time that our therapists dedicate to clients. If you need to cancel your appointment with your therapist, for any reason, you are responsible for canceling appointments with at least 24 hours' notice. This gives your therapist an opportunity to provide that appointment time to another client. If a client is 10+ minutes late to their scheduled appointment time, the appointment will be considered a no-show, and a cancellation fee will apply.

If a session is considered a late cancel (under 24 hr. notice) or no-show (late to appointment or doesn't provide any notice), you will be charged a cancellation fee of \$100.

Insurance companies will not cover missed appointment charges; therefore, cancellation fees are the responsibility of the client. If a client cancels two (2) or more appointments without a 24-hour notice or is considered a no-show for an appointment, your case may be closed with your current therapist.

***OUTSTANDING BALANCES:***

If your patient responsibility balance becomes greater than \$100.00 at any time, Strive CLE Counseling LLC requires payment agreements be made and followed to continue treatment. If at any time it is determined that good faith payments are not being made on any account, Strive CLE Counseling LLC reserves the right to deny services till accounts are paid in full. Not fulfilling financial obligations to Strive CLE Counseling LLC is also grounds for discharge from the practice. If there is a credit balance on your account at any time and you are still receiving treatment, please note that the credit will be applied to future fees incurred. Overpayments on accounts will be re-funded if you are no longer receiving services within a period of six months.

***PAYMENT FORMS ACCEPTED:***

Currently a credit card on file is REQUIRED for any patient utilizing therapy and/or psychiatry services (in person or telehealth). This information can be provided by using the Credit Card on File Form included in your initial appointment paperwork. Patients utilizing State funded insurance plans (Medicaid) are not required to place a credit card on file.

We currently accept: Health Savings Account (HSA), Flexible Spending Account (FSA), Visa, Mastercard, American Express and Discover cards for payment.