

FINANCIAL POLICY & FEE SCHEDULE

Comprehensive Counseling Services cooperates in accepting third party reimbursement from our patient's insurance carriers.

Health Insurance

Your health insurance is a contract between you and your insurance company and should be viewed as a method to help pay for medical care. As a service to you, we will contact your insurance company prior to your first appointment in an attempt verify your insurance benefits (if you provide us with the information before you come in). Please keep in mind that insurance companies DO NOT guarantee payment for services over the phone, and you are ultimately responsible for any expenses incurred if your insurance does not pay what you expected they would. It is in your best interest to be aware of your outpatient mental health benefits before you come in for your first appointment. We will submit claims to your insurance company if you provide us with current insurance information. Depending on the insurance company, our fees may or may not be considered usual and customary. Insurance companies use many different equations to form a fee schedule.

Our clinic policy requires that all anticipated co-pays and visit fees be collected at the time of service. These payments may be applied against applicable unmet deductibles. If your insurance pays more than anticipated, your account will be credited. We accept cash, personal checks, and credit cards (Visa, MasterCard, Novus/Discover). The clinic charges a \$30 fee to you for any NSF (non-sufficient funds) checks received, which is payable <u>before or at the time</u> of your next scheduled appointment.

The patient is ultimately responsible for timely payment of services rendered. Any account balances outstanding after 90 days are due in full by the patient. It is the patient's responsibility to negotiate with the insurance company for any unpaid services.

Private Pay

If you are paying for visits privately (not through an insurance company), our clinic policy requires payment at the time of service. Acceptable methods of payment are cash, check or credit card. Please be prepared to make payment at the time of your visit. If you have questions regarding clinic fees and discounts available to private pay patients, please contact our office staff.

Late Cancelled Appointments and Failure to Show for Appointments

Our clinic policy requires 24 hours' notice for cancellation of any appointment. You may call our office staff to cancel, or you may, after hours or on weekends, leave a message in the clinic voice mail system; our voice mail is time-stamped. If cancellation of an appointment is not received on time, a \$75 late cancellation fee may be added to your account, payment of which is due <u>before or at the time</u> of your next scheduled appointment. Additionally, if you fail to show for a scheduled appointment, the same charge applies.

Failure to Pay

Our staff of mental health providers and receptionist staff provide confidential, compassionate, and effective care to our patients and serve your needs in good faith. In order to continue to provide these services for you and other individuals in our community, we expect payment for services rendered in a prompt manner. If extenuating circumstances arise, please consult with our billing staff regarding an acceptable payment arrangement. Failure to do so may result in your account being sent to our collection agency and the need to curtail further treatment sessions until the financial situation is resolved or discharge from the clinic.



Fee Schedule Information

The following is the fee schedule for outpatient services at Comprehensive Counseling Services:

Description		Time	Code	Masters
Diagnostic Interview (Evaluation)		45-60 mins	90791	\$200.00
Psychotherapy		30 mins	90832	\$84.00
Psychotherapy		45 mins	90834	\$136.00
Psychotherapy		60 mins	90837	\$180.00
Psychotherapy for Crisis, Initial		30-60 mins	90839	\$200.00
Psychotherapy for Crisis, additional time		Additional	90840	\$84.00
EAP – Preventive Counseling		45-60 mins	99404	\$136.00
Family Psychotherapy w/o Patient Present		45-60 mins	90846	\$136.00
Family Psychotherapy w/ Patient		45-60 mins	90847	\$136.00
Group Psychotherapy*		45-90 mins	90853	\$84.00
Interactive Complexity**		Additional	90785	\$16.00
Psychological Testing		60 mins	96101	
No Show / Late Cancel Fee				\$75.00
Miscellaneous Charges	There may be fees for telephone calls or			
	consultations (longer than 15 minutes),			
	consultations with schools or medical personnel, preparation of reports for legal cases, extensive			
	copying of records. Please consult your			
	doctor/therapist or office staff with questions.			

*Group Psychotherapy: There may be an additional fee for group materials which is not billable to insurance.

**Interactive Complexity: This fee is charged when there are factors complicating the treatment of the session and the fee is in addition to the regular evaluation and management or psychotherapy codes.

Comprehensive Counseling Services cooperates in accepting third party reimbursement from our patient's insurance carriers. We ask that you read your policy to be sure that you are fully aware of any limitations of the benefits provided. <u>You are ultimately responsible for payment of any services not covered by your insurance</u>.

It is important that you attend every scheduled session with your provider to get the most benefit from treatment. If you must cancel, please contact our office at least 24 hours in advance or you may be charged for the session. If you do not call to cancel an appointment and do not show, <u>you may be charged for the missed session</u>. It is important to note that insurance carriers do not pay for missed sessions.