



FINANCIAL SERVICE AGREEMENT

Outcomes Inc. Psychotherapy and Counseling Division provides professional therapy for individuals and families. Good therapy is facilitated by a thoroughly understood structure. Please read this Service Agreement carefully so you will understand the essentials of our therapeutic framework.

Fees

Insurance billing

While we contract with many insurance companies, you are ultimately responsible for the cost of visits in this facility. If you have insurance that contracts with Outcomes Inc. we will make reasonable efforts to bill and collect from your insurance. It is your responsibility to verify that your insurance policy is active, what your copay or deductible amount is and that your visits at Outcomes Inc. will be covered. Your copay or deductible amount is due at time of service. If a situation arises that your insurance does not pay, it is your responsibility to pay the outstanding balance. Any disputes about coverage and payment must be made between you and your insurance carrier. Outstanding balances must be paid within 30 days. Any balance over 30 days will be subject to a 15 percent late fee. Balances older than 90 days will be sent to collections.

Reduced Fee

If you do not have insurance coverage the standard charge is below. You may request a reduced charge. A minimum fee will be identified based on gross household income from all sources and the number of people dependent on that income. The difference between your actual fee and standard rate of visit will be paid by money budgeted by the agency and other donations received.

Self-Pay clients will have 6 sessions at a reduced fee.

Please notify your therapist or front desk staff if you have a change in Income or acquire insurance benefits. Adjustments can be made for future visits.

Standard hourly rates are billed the following:

- Therapy services are billed at \$120 hourly for the first visit and \$100 hourly for subsequent follow-up visits
- Record requests – personal or legal request for records can be granted within one week of request.
- Services typically not covered by insurance include (but not limited to): telephone conversations, court appearance, letters, disability forms and the like, will be provided at the discretion of the provider and charged at the standard hourly rate.

Payments

Payment is due at each session. If you fail to make a payment that payment must be made prior to your next appointment or your therapist may not be able to see you. You may pay with cash, check, or credit card. If a check is returned for insufficient fund, you will be charged an additional \$30.00 handling fee.

I certify the information concerning my financial responsibility. I agree to inform my therapist or Outcomes front desk staff of any changes in my Insurance coverage or gross income. I understand that if I leave therapy with an unpaid balance due to missed copay or session charge, NSF checks, or any other fees not paid, Outcomes Inc. will make every effort to collect these debts. Any fees caused by Outcomes Inc. in collection efforts will be an additional charge to my balance owing. I understand my obligations under this agreement and I agree to pay for my service at my established hourly charge.

Client's Signature _____ Date _____
Client's Signature _____ Date _____