



FINANCIAL AGREEMENT

Renewed Journey Counseling Services, LLC seeks to keep medical costs down by ensuring we can get reimbursed for our services on a timely basis. To help our office provide the most efficient and reasonable health care services, it is necessary for us to have a financial policy indicating our requirements for payment of services provided to our clients.

Structure and Cost of Sessions: Unless negotiated by your insurance carrier, your provider agrees to provide treatment and medication management at the following fee schedule:

	Initial	F/up 60 min	F/up 45 min	F/up 30 min	Family/ Couples	RX check no appt	Pre-marital	Youth + Parent	Wkend/E R/After 5p
Psychiatrist /Psych NP	300.00	200.00		130.00		40.00+MA visit		15.00	25.00*
Licensed Clinician	145.00	130.00	115.00		130.00		130.00	10.00	10.00*
Wellness Coach	80.00	60.00	60.00		60.00		60.00	10.00	10.00*
Master's Level Intern	30.00	30.00	30.00		30.00			5.00	5.00*

**Applies to all patrons: Fees associated with Emergency Visits and Appointments scheduled after 5:00p is expected at time of service and is rarely paid by your insurance.*

The fee for each session will be due prior to the start of the session. The receipt of payment may also be used as a statement for insurance if applicable. **Please note that insurers audit and will retract payment, making you fully liable, if they find the client ineligible at time of services, i.e. your employer indicates a termination date, but services were paid to the provider after that date.**

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Telephone Calls: Phone contact to set or rearrange appointment times or brief phone contact to obtain relevant treatment information will not be billed. Doing treatment by telephone is an option, however it requires advance scheduling and may not be covered by your insurance. If you need to talk to your practitioner between sessions as an emergency, you may be billed for that extra support. **Telephone calls that exceed 10 minutes in duration will be billed at \$1.00 per minute.** If this is the case, you and your clinician will need to explore adding tele-mental sessions or develop other resources to help you in-between sessions.

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Ancillary Services: Time spent performing services that support your treatment, such as writing reports, paperwork, contact with outside parties by phone or letter, and supportive phone contact to the client outside of regular sessions, are not covered by insurance and will be billed directly to the client. **Ancillary services such as these will be billed at \$90.00 per need and due prior to completion. Copy of records must be made in writing and emailed to renewjc@gmail.com ATTN: Records Request and will be charged Search, Retrieve, and Admin Costs \$25.88 plus \$0.97 per page.**

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Cancellation Policy & Fees: In the event you are unable to keep an appointment, notify the office at least 24-hours in advance. If a notice is not received, you will be financially responsible for the session you've missed. Please note that insurance companies DO NOT reimburse for missed sessions. To avoid a missed appt fee, a same week reschedule can be made, if availability exists. **Same day appointment cancellations at a \$45.00 per occurrence. Cancellations in the pre-hour of scheduled appointments and no-show appointments are charged at a \$60.00 per occurrence. Payment arrangements are mandatory prior to getting back on the schedule.**

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Legal/Court Policy & Fees: You are financially responsible for any fees related to legal/court matters. For instances requiring court attendance, Renewed Journey Counseling Services, LLC will be paid a retainer at \$300.00 per hour at a 3-hour minimum. Time spent dealing with legal requests like subpoenas/court orders, notarized letters, phone conversations with lawyers will be charged at \$100.00 per instance. Court related fees cover your clinician's time, we do provide expert testimony. As a client with Renewed Journey, legal fees that are incurred (regardless of who is making the request) the patient/patient guardian must make payment at least 14 days in advance prior to court attendance or on the day the subpoena has been received.

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By signing below, I AGREE to ALL terms and conditions of this financial agreement.

 Print Client Name **Client Signature/Authorized Person's Signature**

Date