

CROSSROADS

COUNSELING AND CONSULTATION

FEE POLICY

Crossroads Counseling and Consultation is a private agency providing professional services for growth and enrichment. These services are provided by professionals with the necessary qualifications in their respective areas of specialty. Crossroads Counseling and Consultation is funded entirely by fees charged for services.

Our fee is \$125.00 per standard session. The initial session, however, is \$150.00. Upon receipt of any insurance payment (if applicable), any monies paid, but not owed, by you will be applied as a credit to your account. Charges for testing and/or the report writing will be discussed with you, should these become necessary. Available payment methods include cash, check, VISA, MasterCard, American Express, and Discover. When the method of payment is a credit or debit card there is a \$3.50 fee with an additional 3% for any amounts greater than \$150.00.

Full fees will be charged for appointments made and not canceled 24 hours in advance. No fee will be charged if the appointment is canceled more than 24 hours prior. Insurance companies DO NOT reimburse for missed appointments. Lengthy telephone calls or repeated phone calls will be considered appointments and charged accordingly.

As is customary with most professionals today, fees are due at the time of service. Special arrangements may be made on an individual basis due to financial hardship. An interest fee no less than 1/25% of the balance will be assessed monthly on balances outstanding for 60 days and more. *Any balance outstanding for more than 90 days will be reported to the Credit Bureau as a bad debt and submitted for collections unless an alternate payment agreement has been arranged and kept. Those accounts will be charged 30% of the delinquent amount to cover collection proceedings costs.*

INSURANCE:

Clients seeking reimbursement from their insurance company are responsible to arrange payment of their fees as services are rendered. Clients are fully responsible for obtaining reimbursement from their insurance carrier. An itemized statement of services rendered by our office is available for submission to your insurance company.

CCC will file a claim if your counselor is contracted with your insurance company. Permission to file claims with, and collect payment from, the insurance company is necessary. At times, it is necessary to appeal a decision made by the insurance company to finalize payment from them for services. Clients are responsible for all costs until the insurance company remits payment as well as any costs not covered by their insurance company such as co-pay, co-insurance, deductible, or denied/discount amounts (if applicable). At times, it is necessary to release information to the insurance company to receive payment or to continue the treatment process.

I have read, understood, and agree to the policies stated above. I give consent, as the member and/or client, to file claims and appeals on my behalf. I consent to the release of information to my insurance company for the purposes stated above.

Signature of Client or Responsible Party

Date

Signature 2 (if applicable)

Date