Grounded Roots Counseling Services

Financial Agreement

Welcome to Grounded Roots Counseling Services! This document includes important information about our financial policies and obligations. Please let your counselor know if you have any questions regarding the information below.

**Fees and Insurance:**

Your counselor can discuss which insurances he/she accepts. The fee for services is based on the length of the session and your insurance plan. If you do not have insurance, or wish to not use your insurance, we have a list of service fees available upon request. You are responsible for obtaining prior authorizations from your insurance carrier for counseling with your counselor at Grounded Roots Counseling Services. We will bill your insurance; however, you are responsible for any co-payments and deductibles. Co-payment and deductible amounts are set by your insurance plan and are due at each appointment. If fees are not paid, you will not be able to schedule your next session until payment is received, unless agreed upon by your counselor. Acceptable forms of payment include check and credit card. *A $40 charge is assigned for all returned checks.*

Any client balance that remains unpaid more than 30 days past the end of treatment may be turned over to a collection service.

If at any point during treatment should you have changes to your insurance coverage, it is your responsibility to notify your counselor. ***Termination or any lapse of insurance that results in non-payment to counselor will become your responsibility.***

**Release of Information to Insurance:**

By signing this form, you authorize the release of information regarding your care to your insurance plan for payment of claims, certification, health management decisions, and other purposes related to the administration of benefits of your insurance plan.

Your insurance plan may request medical records, including your treatment plan and therapy notes, in order to confirm that services are medically necessary and verify eligibility for payment. In order to bill insurance, your counselor must provide you with a mental health diagnosis.

**Attendance and Missed Appointments:**

Scheduled appointment times are reserved only for you. For therapy to be beneficial, consistent attendance is crucial. You are responsible for attending all scheduled appointments on time or contacting your counselor with a **48-hour notice** of need to cancel. If you fail to notify with 48-hour notice, you will be charged **$55** for the missed appointment fee. You are responsible for this fee; your insurance plan will not pay for missed appointments.

It is important your session begin and end on time. This ensures you receive the full benefit of attendance. If you arrive late, your session will not be extended to make up for the missed time, as this ensures our other clients will be able to begin their session on time. If you arrive more than 15 minutes late for your scheduled appointment, it will be considered a missed appointment.

Repeatedly missing or cancelling appointments, for whatever reason, may result in discharge from services. Specifically, your case could be closed if:

* You miss or late cancel 2 appointments within a 30-day period, or more than 3 appointments in a 6-month period.
* You go more than 30 days without coming in for an appointment.

**Calls Between Sessions**

Most calls between sessions are for scheduling and rescheduling appointments. We believe important information shared should be communicated during scheduled appointment times. We understand there may be times you need to communicate information between sessions. Please kindly note we will not charge for calls 10 minutes or less. After 10 minutes you will be billed $60/hr in 15 min increments. This cannot be billed to your insurance and will be your responsibility.

**Involvement in Court Proceedings:**

We expect clients and families involved with court proceedings to disclose such to his/her counselor. Please note, it is outside our scope of practice to engage in any custody evaluations or disability paperwork. For families with active custody disputes, your child’s counselor is in the role to support your child, rather than become involved with court proceedings. We have additional information to sign and review in our *Therapy Agreement for Court-involved Families.* We do not provide court testimony unless court ordered. Because time preparing and attending court takes us away from time with our other clients, you agree to the charge of $175/hour. This charge is not covered by insurance and will be your responsibility.

**Obtaining Records:**

You have a right to request records at any given time by providing a written request. We charge a $25 retrieval fee.

Often, we are asked by clients to write letters for various needs. During our sessions, we are happy to discuss therapeutic benefit of this. We have a short treatment form that provides basic treatment information that can be provided for no additional cost. If you are needing a more detailed letter kindly note that our fee for letter writing is $60/hour. This is broken down to 10-minute increments. This fee cannot be billed to your insurance.

If we believe access to your records could cause you mental distress, we will discuss why this could be harmful and have the right to restrict information given.

**I have read and understand the information in the three-page Financial Agreement for Grounded Roots Counseling Services. My signature below indicates I agree to abide by the terms of the Financial Agreement.**

**In addition, I authorize the release of any information necessary to process insurance claims, and I authorize payment of health benefits directly to Grounded Roots Counseling Services for any service rendered. I understand and agree that I am ultimately responsible for the account balance for any professional services rendered and that any balance that remains unpaid more than 30 days past the end of services may be turned over to a collection agency.**

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**Client Name (printed) Date of Birth**

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**Signature of Client Date**

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**Signature of parent or guardian (if legally required) Date**

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**Signature of parent or guardian (if legally required) Date**

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**Counselor Date**