

FEE AGREEMENT AND FINANCIAL POLICY

Emilee Conrad Counseling, LLC

Please review this ***Fee Agreement and Financial Policy*** (the “Agreement and Policy”), which describes my schedule of fees for therapy services, charges not covered by insurance, and additional fees for Emilee Conrad Counseling, LLC (“ECC”). Please be sure you understand the policies regarding cancellations and missed appointments, methods of payment, insurance reimbursement, and past due accounts. If you have any questions about anything, please ask me prior to signing this Agreement and Policy.

Therapy rates and corresponding health insurance billing codes

90791 Initial Consultation - Individual (53 min.) - \$175.00

90837 Individual Therapy (53 min.) - \$150.00

Charges not covered by insurance

Records Request- \$15.00

Phone Consultations (15-60 min.)- \$150.00 (pro-rated per 15 min.)

Case Management*- \$150.00- (pro-rated per 15 min.)

*Case management includes indirect services I provide outside our session times such as consultations with other providers made at your request (for which a written authorization for disclosure of confidential information is required). This fee is waived during the initial consultation period (1st one to three sessions) as I am gathering necessary information to form a comprehensive diagnostic impression. Completion of forms, reports, or letters MAY fall under this category depending on the amount of time and effort required to complete them. If I determine the amount of time required will necessitate financial compensation, you will be informed of this ahead of time and the rate will not exceed \$150.00/ hour (pro-rated per 15 min.). Most often, participation in legal activities (examples include consultations with guardians ad litem, preparation of reports for court-related activities, testifying in a court case) will require financial compensation at the rates listed above.

Additional Fees

Late cancellations (fewer than 24 hrs. prior to appointment) (1st time)- \$75.00

Late cancellations (fewer than 24 hrs. prior to appointment) subsequent times- \$150.00

Missed appointment/No Show (1st time)- \$75.00

Missed appointment/No Show subsequent times- \$150.00

Non-sufficient funds (“bounced” check)- \$25.00

Past-due accounts- \$25.00 per month

PAYMENT

You will be expected to pay for each session in full at the time of services, unless utilizing in-network insurance coverage. Preferred payment methods are cash and check. Accepted

methods of payment are cash, check, Venmo or credit cards. *Checks are to be made out to Emilee Conrad Counseling, LLC.* Checks returned due to insufficient funds will incur a fee of \$25.00, which will be charged to your credit card on file (see **CREDIT CARD ON FILE** section below).

INSURANCE REIMBURSEMENT/ INFORMATION

I am in-network with select insurance companies. For us to set realistic treatment goals and priorities, it is important for you to evaluate what resources you have available to pay for your treatment.

In-network:

I am in network with **Optum, United Healthcare, United Behavioral Healthcare, and Harvard Pilgrim.** If using insurance, I will obtain a copy of your card and attempt to verify your benefits prior to our first appointment. I will inform you of the quoted cost for our sessions. I encourage you to contact your insurance company to verify the information provided to me. The quote is not a guarantee of coverage. I will submit the claim to your insurance company after our session. Once they process the claim, they will send me any covered amount and you will be responsible for the remainder of my negotiated rate (the uncovered portion), never to exceed my full practice fee. In the event the insurance company does not cover the session due to policy exclusions or exceptions, you will be responsible for the full session fee. ***For high deductible plans:*** please know that even though I am in-network, your plan may require you to meet your deductible before reimbursing me. In this situation, you would be responsible for paying the contracted rate per session (never to exceed my full fee) until your deductible is met.

Out-of-network:

Many insurance plans include coverage for out-of-network providers and often reimburse 50%-80% of the cost (some up to 100%). If you have insurance through a company other than those listed above and would like to receive services from me, I encourage you to submit for out-of-network reimbursement. ***You will be responsible for the full fee of the session at the time of the session.*** After our session, I will attempt to file an out of network claim on your behalf. If I am unable to do so, you may submit a superbill I provide to you. In both cases, reimbursement will be sent directly to you.

When utilizing OON benefits, you must call your insurance company prior to our first session as some insurance companies require pre-authorization for services. Please call your insurance provider *prior* to our first appointment to make sure you have authorization if you need it.

Self-pay

If you choose to receive services without using insurance, you are considered a “self-pay” client. Please note that ECC does not offer sliding scale or reduced-fee rates. Self-pay clients have the right to request a “Good Faith Estimate” for services prior to services being rendered. If requested, I will provide you an estimate of how many sessions I think your specific case will require so you can estimate the cost over the coming months or year. You will never be charged

more than my set rate per session. You are not obligated to continue sessions. You may stop coming to sessions at any time and will only be charged for an unattended session if you do not cancel according to the time specifications listed under **CANCELLATIONS & MISSED APPOINTMENTS** in this document.

CANCELLATIONS & MISSED APPOINTMENTS

Once an appointment is scheduled, that time is reserved specifically for you. Cancellations must be made at least 24 hours in advance. You may utilize the client portal to set up your appointment reminders so you can avoid a late cancellation fee. Although 24 hours is the minimum, if you need to cancel or reschedule, please give as much notice as possible. You may notify me of cancellation using the self-scheduling tool in your Client Portal or by phone, e-mail, or text message. Late cancellations (fewer than 24 hours before the appointment) will incur a fee of \$75.00 for the 1st late cancellation, and \$150.00 for subsequent late cancellations. Missed sessions will incur a fee of \$75.00 for the 1st missed session, \$150.00 for subsequent missed sessions. I will notify you of any late cancellation or missed session fees that you incur, which will be charged to your credit card on file.

PAST DUE ACCOUNTS

Amounts past due by more than 30 days will incur a late fee of \$25.00 for each month the balance remains unpaid. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, ECC may resort to legal means to secure payment. This may involve hiring a collection agency, an attorney or going through small claims court. If such legal action is necessary, you will be responsible for those costs.

CREDIT CARD ON FILE

Upon scheduling your first appointment you are asked to provide credit card information via the Client Portal. Your information is stored electronically with secure, encrypted software that meets HIPAA standards for protection of confidential information. The card on file is to be used for charges incurred for late cancellations, missed appointments, returned checks, or past due account balances. You may also opt to pay for sessions with the credit card on file. If your card on file is charged, you will be notified of the reason for the fee and the amount charged. You can view account activity, invoices, and account statements through the Client Portal. By accepting this Agreement and Policy, and by entering your credit card information on the Client Portal, you are authorizing Emilee Conrad Counseling, LLC to charge the card as needed according to the terms specified in this Agreement and Policy.

I have read the Agreement and Policy above, have had the opportunity to ask questions about its terms, and am able to access a copy for my own records. I understand the policy and by my signature (or electronic signature/ consent) with the Outpatient Services Agreement provided to me by Emilee Conrad, LCSW. Any and all negotiated exceptions or special arrangements are listed below.

Client (or legal guardian) name (printed)

Date

Client (or legal guardian) signature

Date

Emilee Conrad, LCSW

Date