



## Fee Agreement Form

### Fees

Below are the fees we charge for services typically rendered. They vary by the service provided and by the education or license level of the provider. Fees may be adjusted periodically, and you will be informed of any changes ahead of time. For clinical phone calls not related to scheduling or billing, you will be charged a prorated amount. A sliding scale is available for those who need it; please ask for details.

Service	CPT Code	Licensed & Associate	Graduate Intern
Initial Intake Session	90791	\$205	\$60
Brief Assessments (2 units)	96127	\$5	\$5
Individual Counseling - 60 min	90837	\$200	\$50
Conjoint or Family Counseling	90847	\$200	\$70
Group Therapy	90853	\$75	n/a
Late-cancel/No-show fee	\$75		

### Payments

We request a debit/credit/HSA card be kept on file in order to process fees. Your credit card information will be kept confidential and is not visible to our staff. Copays and new balances are typically run within 1-5 business days after an appointment. If you do not pay for two (2) sessions in a row, we may suspend therapy until payment or arrangements are made. If your account has a balance after 60 days we may charge 1.5% APR on the balance and send the account to collections.

### Insurance

We will submit claims directly to your insurance company on your behalf, however **you are ultimately responsible for paying for services whether or not insurance pays.** We will look up your mental health benefits as a courtesy for you, but *please confirm* directly with your insurance company. Our clinic is able to bill many insurance companies on an in-network basis. Our Intake Coordinator will verify if your therapist is in-network with your insurance.

We also work with many clients who have other insurance plans on an out-of-network basis. Not all plans offer this option; if you are uncertain about your benefits, please contact your insurance company directly.



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## Canceled or Missed Appointments

We have a 24-hour cancellation policy. **We charge \$75 if you no-show your appointment or cancel with less than 24 hours notice.**\* Exceptions may be made for emergencies or illness. Insurance will not pay for missed or canceled sessions. If you miss two sessions in two months we may not be able to hold a regular spot for you.

*\*Medicaid/OHP clients are not charged missed/late cancel fees. Students receiving services at school are exempt from the no-show/late-cancel fee.*

Please arrive on time to scheduled appointments. Counselors will generally wait 15 minutes before marking the appointment as a no-show in our system. Your appointment may need to be rescheduled if you are more than 15 minutes late. If you are late regularly we may not be able to hold the appointment time for you.

## Legal Proceedings

We do not provide therapy services to support a legal case. We will not voluntarily participate in court cases. If we must, our rate for court-related services is \$300 per hour.

## Good Faith Estimate

Cash pay clients and those not using their insurance to pay for services are entitled to a Good Faith Estimate. You will receive a written Good Faith Estimate document after your intake session because we are required to include a diagnosis code on the estimate. The cash price for the "Initial Intake" session is listed above.

## For those opting for private pay (only applies to clients *not* using insurance):

By signing this document, I agree that I will self-pay for services at North Albany Wellness Center and will not be filing a claim for services through insurance, therefore I will not receive a superbill. I agree to the fee schedule in this document, or I have negotiated a sliding scale fee rate with the Intake Coordinator or Billing Specialist, which was provided to me through both a verbal and written Good Faith Estimate and documented in my client file. I understand that payment for services is due at the time services are provided.

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Client Name (print)

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Client/Guardian signature

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Date