

Financial Policy

Welcome to my practice and thank you for choosing to work with me.

Following is information about my financial policies. Please review it carefully and discuss with me any questions that you may have.

Scheduling & Cancellations

All sessions must be scheduled in advance. Frequency of appointment is determined by client's need and treatment plan. Scheduling an appointment is my commitment to reserve time for you. Therefore, cancellation is required at least 24 hours in advance or you will be charged a \$120.00 fee for this time.

Inclement Weather & Emergencies

In the event of inclement weather please call my office at 908-208-2119 and listen for posted message indicating whether the office will be open. If the office is open but you do not feel safe driving, please call me as soon as you make that decision. Cancellation fee will not be assessed in this event. Similarly, cancellation fee will not be charged in the event that you have a serious emergency or illness. However, please inform me of the situation as soon as possible.

Rates and Payment

\$175 per 75 minute/ initial intake assessment

\$150 per 42- 53 minute/ individual session

\$180 per 42 -54 minute/ family session/couple

You are expected to pay for services at the start of each appointment. Paying at the onset of the session allows us to use all of your session time to address your needs. Acceptable forms of payment are cash or checks made out to "*Touchstone Counseling Services, LLC*". A \$25 fee will be charged for returned checks.

Possible Additional Fees

Additional out of pocket fees may be incurred from time to time. These fees are NOT reimbursable by health insurance companies.

- Out of office service (i.e. classroom observations, IEP meetings or collaborative meetings with other mental health professionals for case coordination) [includes travel time]
 - \$200 per individual session
 - \$230 per family session
 - \$250 per intake assessment (75 minutes)
 - \$250 per session hour IEP meeting/meeting with another care provider/professional

- Letters/Reports/Case Summaries
 - From time to time you may need me to write a letter or report to certain professional or organizations involve in your care. My fee for preparation of these reports is \$35 per 15 minutes and will be delivered upon your payment in full.

- Photocopies
 - \$1.00 per page – not to exceed \$100 (copies of records, session notes, etc...)

- Legal/Court Proceedings
 - Advance retainer covering a minimum of 4 billable hours at the rate of \$250 per hour. Billable time includes preparing for/attending litigation, including but not limited to preparing testimony, conferences in person or by telephone with any attorneys, travel time, waiting time, testimony and/or deposition time (regardless of which side calls me).

Health Insurance /Out-of –network benefits Only

This means that I am not contracted with your insurance carrier to provide services to you. However, you may be able to select an out of network provider and your insurer may reimburse you at their usual and customary percentage rate. You will need to contact your insurance carrier and find out about your

out- of- network benefits for behavioral health/mental health services. If mental health benefits are available be sure to ask if your deductible is met, what is the maximum number of sessions covered and if pre-authorization is required. I do not submit claims for out-of- network insurance coverage. However, I will provide you with a monthly statement that will have all the necessary information for you to complete and submit your insurance claim (please let me know if you need a statement more frequently).

Reduced fee

Reduced fees on a sliding scale basis are available under certain circumstances. Reduced fees are based on financial need and household income verification is required. If you need more information please contact me at any time to discuss.

Missed payments

If you are unable to pay your fees as mutually agreed upon, please discuss the matter with me prior to the session. Treatment may be temporarily suspended if fees for more than 2 sessions are owed. Unpaid balances after 90 days, without prior arrangement, will be submitted for collection to an outside agency. Please be aware that in the unlikely event of this happening, your private information, such as employer name and Social Security Number, will be provided to an outside agency and you will have waived your right to confidentiality.

I have read, understood and agreed to the above financial policies

Client Name: _____ Client Signature: _____ Date: _____

Client Name: _____ Client Signature: _____ Date: _____

Parent/Guardian: _____ Parent/Guardian Signature: _____ Date: _____

Parent/Guardian: _____ Parent/Guardian Signature: _____ Date: _____

My signature below indicates that I have discussed this form with you and have answered all questions you have regarding this information

Therapist's Signature

Date

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Revised 11/18/2018

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