

Fee Agreement and Cancellation Policy

Summit Family Counseling is a fee-for-service counseling group and charges must be paid at the time services are rendered. Fees are paid by credit/debit cards. Cash is accepted upon agreement with your counselor.

INSURANCE CLAIMS

Summit Family Counseling will file all appropriate insurance claims. Filing of insurance claims does not guarantee payments by your insurance company to Summit Family Counseling. You are responsible for paying all fees. If a claim is honored by your insurance company, you are responsible for all co-pays, deductibles and any other amount not covered by your insurance.

CANCELLATIONS

For sessions that are canceled less than 24 hours of your scheduled appointment, you will be charged an **\$80 fee**. We are unable to bill insurance for missed appointments.

FEES

Fee for services by Summit Family Counseling is \$ _____ per therapeutic hour (approximately 50 minutes).

AGREEMENT

- Insurance will be filed, and I will be responsible for all fees not covered
- All fees will be paid at the time services are rendered
- All copays, deductibles, or coinsurance according to the terms of my insurance plan will be paid
- I do not have insurance and agree to pay the fees for services out of pocket

GOOD FAITH ESTIMATE

Under the law, health care providers will provide patients **who don't have insurance or who are not using insurance** a good faith estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. Your Good Faith Estimate will be the agreed upon session rate between you and your provider for services rendered. This rate cannot be increased without your written approval. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

COURT APPEARANCES

Court appearances, whether by request or subpoena, and all forms of communication (email, phone, text, fax, etc.) will be charged an hourly fee of \$500, with a three-hour minimum. Transportation and preparation time is included in the hourly rate. These fees cannot be billed to insurance, and will therefore be the responsibility of the patient, due on the day court services are rendered by the provider. If a provider is required to be available for a full day **an additional** retainer of \$2500 charged.

By signing below, you agree to the above payment arrangements as a client of Summit Family Counseling.

Client Signature _____ Date _____

Therapist Signature _____ Date _____