

Effective March 1, 2023



FINANCIAL RESPONSIBILITY STATEMENT

Please retain a copy of this document for your records.

Thank you for trusting Saint Louis Counseling and our staff with your mental health care. The services you seek imply a financial responsibility on your part. This responsibility obligates you as the client, or parent/guardian of a client, to ensure payment in full for the services received. To assist in understanding that financial responsibility, we ask that you read and sign this form. Feel free to ask if you have any questions regarding your financial responsibility. If someone else (parent, spouse, domestic partner, etc.) is financially responsible for your expenses or carries your insurance, please share this policy with them, as it explains our practices regarding insurance billing, co-payments, and patient billing. By signing below and/or by receiving services from Saint Louis Counseling, you agree:

AGREEMENT FOR PAYMENT FOR SERVICES

Full payment for services are due at the time of service, and collected at the beginning of each appointment. Any insurance co-payments are due at the time of service. You must provide your insurance card and identification at each visit, which is subject for verification prior to your appointment time. Saint Louis Counseling reserves the right to cancel your appointment if proof of insurance cannot be verified or if insurance is not provided or we require the full visit fee (\$135) to be paid prior to your appointment. We have the option to store your credit card in our system if that would be helpful.

Co-Payments- A preset amount that is your responsibility at each visit. This is a flat rate that is subject to change each time your policy is renewed.

Co-Insurance- A percentage of your visit which will be calculated on the amount your insurance allows for the type of service you are receiving.

Deductible- An amount that you are responsible for paying before your insurance provider starts paying.

Self-Pay- When you do not have insurance and will be paying out-of-pocket for your expenses. This payment is also required prior to your appointment.



SELF-PAY RATES

Counseling Sessions are \$135 per visit

Psychiatric Sessions:

New Client Session – \$190 per visit

Existing Client Session – \$95 per visit

You are responsible for knowing your insurance policy. For example, you will be responsible for any charges if any of the following apply: (i) your health plan requires prior authorization or referral by a Primary Care Physician before receiving services at Saint Louis Counseling, and you have not obtained such an authorization or referral; (ii) you receive services in excess of such authorization or referral; (iii) your health plan determines that the services you received at Saint Louis Counseling are not covered by your insurance plan; (iv) your health plan coverage has lapsed or expired at the time you receive services at Saint Louis Counseling; or (v) you have chosen not to use your health plan coverage. If you are not familiar with your plan coverage, we recommend you contact your carrier or plan provider directly.

I also understand and acknowledge that I am personally responsible to pay Saint Louis Counseling in full for services that my health insurer will not cover due to non-payment of my health insurance premiums.

You will be required to follow all registration procedures, which includes having paperwork returned at least 24 hours prior to your appointment, updating or verifying personal information, presenting verification of current insurance, providing signatures, and paying any co-pays or other patient responsibility amount at each visit. Your card or other insurance verification must be on file for your insurance to be billed. If we do not have your card on file, or are unable to verify your eligibility for benefits, you will be treated as a self-pay patient. As a self-pay patient, our fee is expected to be paid in full at the time of service. If the insurance card or other necessary information is furnished after the visit, we may file a claim with your insurance; and if paid in full by your insurance, you will be reimbursed. If you are not prepared to make your co-pay or other patient responsibility amount, your visit may be rescheduled.

We offer sliding scale fee rates for those that qualify. Proof of income may be required in order to receive the reduced rates. You can contact one of our offices to discuss the sliding scale rates.

SCHEDULING AGREEMENT

In order for Saint Louis Counseling staff to schedule you in a timely manner and allow for timely follow-up appointments, it is your responsibility to communicate when you are unable to keep your appointment not only as a courtesy to your provider and other patients, but also for administrative purposes as our staff prepares for each and every



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patient visit. Please be advised that 3 no-shows for any provider will result in discharge from the practice. Our no-show fee has increased to \$110.

We require at least a 24 hour notice to cancel an appointment or a late cancel fee of \$60 will be charged to your account. Please remember to avoid this cancellation fee, we are asking for you to regularly contact us during business hours (M-F 8:00am-4:00pm and Saturdays 8:00am-2pm) as you realize this will allow you to reschedule your appointment and does not impact a financial fee to you.

OUTSTANDING BALANCES

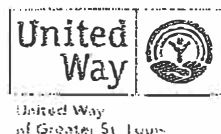
If your patient responsibility balance becomes greater than \$250 at any time, Saint Louis Counseling requires payment agreements be made and followed in order to continue treatment. If at any time it is determined that good faith payments are not being made on any account, Saint Louis Counseling reserves the right to deny services until accounts are paid in full. Not fulfilling financial obligations to Saint Louis Counseling is also grounds for discharge from the practice. If there is a credit balance on your account at any time and you are still receiving treatment, please note that the credit will be applied to future fees incurred. Overpayments on accounts will be refunded if no longer receiving services.

COMMUNICATION

If you ever have any questions about bills that you receive or you have the need to make payment arrangements due to hardship, loss of insurance, job, or other, please contact Saint Louis Counseling and we will be happy to assist you in your options for continuing your care.

By signing below, you authorize Saint Louis Counseling to verify your insurance benefits and submit your claim to your insurance carrier or other plan provider. You agree to facilitate payment of claims by contacting your insurance carrier or other plan provider when necessary. It is important to notify us as soon as possible of any changes related to your insurance coverage. Failure to do so may result in unpaid claims, and you will be responsible for the balance of the claim. Saint Louis Counseling does not accept responsibility for incorrect information given by you or your insurance carrier or other plan provider regarding your insurance benefits or benefit plans.

Whether or not you have insurance or are self-pay, payment on any account balance is due within 30 days of receipt of your billing statement. If any balance on your account is over 90 days and you have not made arrangements with us for payment, you may be discharged from the practice.



My signature below acknowledges that I have read and understand the above information and agree to the terms stated. If I have questions pertaining to my Financial Repsonsibilites, I will make inquiries prior to signing this agreement.

Name: _____

Signature: _____

Relationship to client: _____ Date: _____

