

Financial Disclosure Form

Welcome to Northern Colorado Counseling. The information below explains our financial policy. A copy of this form is available upon request.

Insurance Claims

Not all mental health services are covered by health insurance, and it is your responsibility to understand what mental health services your insurance policy covers. We will fill out forms and provide you with whatever reasonable assistance we can to help you receive the benefits to which you are entitled. If you have questions about what your policy covers, you should contact your plan administrator to better understand your coverage. It is often the case that covered mental health services are limited to short term treatments, and it may be necessary to seek approval for therapy after a certain number of sessions. In order for us to set realistic goals for treatment, it is vital that you have a good understanding of your benefits and evaluate the resources that you have available to pay for treatment. In addition, insurance companies may not provide reimbursement for all aspects of the services we provide such as preparing treatment summaries, records, or professional consultations. Please understand that the following conditions apply: (1) You are ultimately responsible for any payments your insurance does not cover, which may include a co-pay, coinsurance, and/or deductible. (2) If your insurance company denies coverage for the counseling services, you are responsible for the balance on your account.

AUTHORIZATION FOR PAYMENT/ASSIGNMENT OF BENEFITS:

I hereby authorize Northern Colorado Counseling and the 3rd party biller, Frisina Consulting, to bill my insurance company for services rendered and said insurance company to make direct payment of mental health benefits to Northern Colorado Counseling. Frisina Consulting may reach out to me to collect information or to file my claims or for other reasons related to billing.

ACCURATE BILLING INFORMATION

You are responsible for providing accurate insurance information. If your insurance changes or your coverage changes, please inform Northern Colorado Counseling immediately.

PROFESSIONAL FEES

Private pay hourly fees for therapy with licensed clinicians sessions is \$120-150 per session. Private pay hourly fees for therapy with pre-licensed clinicians is \$95 per session. Therapy fees are based on a 53-minute clinical hour rather than a clock hour to allow time for review of notes and record-keeping. If we meet for more than the regularly scheduled hour, we will charge accordingly for the additional time. We also charge this same hourly rate for other professional services, such as report writing, telephone calls, preparation of reports or treatment summaries, meeting with other professionals with your authorization, and time spent performing other services you request of me.

If you become involved in legal proceedings, we charge \$300 per hour [JJ1] for services related to your legal matter. You will be responsible for paying for any professional time we spend on your legal matter, even if the request comes from another party. Professional time spent on your legal matter includes, but is not limited to: attorney fees that we may incur in preparing for or complying with the requested legal services; testimony related matters such as case research, report writing, travel, depositions, actual testimony, cross examination, and courtroom waiting time.

PAYMENT FOR SERVICE IS REQUESTED AT EACH VISIT

At the start or end of each session, your therapist will request payment of the co-insurance, or the co-payment, or the full fee (should this be private pay or if an insurance deductible has not been met). The following methods of payment are accepted: debit or credit card, check, HSA card or cash.

CANCELLATIONS/NO SHOWS

Cancellations without 24-hour notice, and missed appointments, will result in a late fee equal to your insurance payment to Northern Colorado Counseling, or a fee equivalent to your out of pocket fee for private pay clients. Medicaid holders excluded, as this fee is not allowed in accordance with Medicaid policy. Also, please know failure to attend your sessions without appropriate notice may lead to the loss of your regular appointment time.

COLLECTIONS & RETURNED CHECKS

Returned checks are subject to a \$25.00 administrative charge as well as the bank's charge for bounced checks. You will be expected to pay for each session at the time it is held unless we have agreed otherwise in advance. If your account has not been paid for more than thirty (30) days and payment arrangements have not been agreed upon, your account will be considered past due and we have the option of using legal means to secure the payment. This may involve using a collection agency or filing a claim in small claims court. In collection situations, we will make all efforts to release the minimum information necessary to proceed with collections or a claim, which will include the client name, dates, times, and the nature of services, and the amount due.

Before we engage a collection agency, we will provide you with written notice of my intent to do so, sent to your last address we have on record, and give you an opportunity to make payment arrangements. The undersigned client or Responsible Party acknowledges that he/she has read and agrees to the information printed above and that he/she may receive a copy upon request.

Please provide the card you wish Northern Colorado Counseling to keep on file for payments in the form titled "Credit Card Information."

Payment processing



Services and products



CLIENT CARE

Scheduling and inquiries



Documentation



Template library

Intake documents, progress notes, treatment



Shareable documents

Manage default intake documents and upload

Client notifications



Messaging

