

## Transitions Counseling LLC Policy

### Business Hours

Business Hours are Monday- Friday 8:30 am – 5pm. You may reach me at (423) 855 7977 ext 2, or, by emailing me through [www.therapyappointment.com](http://www.therapyappointment.com). I am in session throughout the day and do not answer my phone during sessions, therefore, the phone will be answered by a voice mail system which is confidential. Calls and emails will be returned during business hours and may be returned within 24 business hours.

### Payment

**It is not my policy to carry balances on accounts; therefore, all payments are due at the time of service. All accounts are required to maintain a credit card on file. Undisputed charges after 90 days will be charged to the credit card on file. Any no show fees or late cancellations fees will be charged to the credit card on the appointment day. Cash, credit cards, and checks are accepted forms of payment.**

### Fees, Payments and Billing

Payment for services is an important part of any professional relationship including the therapeutic relationship. As an integral part of our treatment, payment for services rendered to you is your obligation and your commitment to the therapeutic process.

My fees are as follows:

**Initial Session: 135.00 per hour**

**55 Minute Individual Therapy Session: \$130.00 per hour**

### Specialized Services:

Trauma Informed Hypnotherapy and Rapid Resolution Therapy: These services are not covered by insurance. Rates will be discussed.

**Court Fees:** In the event I am subpoenaed to court, fees will be assessed at \$150.00 per hour for a minimum of 3 hours that will be paid by the responsible party one week prior to the date of appearance

**Late Cancellation Fee: \$65.00**

**No Show Fee: \$130.00**

**Returned Checks Fee: \$30.00**

### Appointment:

**Your appointment is specifically scheduled for you.** I will make every attempt to provide times that are convenient to you. However, if there is a time when you are unable to attend a scheduled appointment, **please provide 24- hour notice for cancellations.** It is preferable that all scheduling of appointments and cancellations be made online at [www.therapyappointment.com](http://www.therapyappointment.com), you may also leave me a message on my confidential voice mail or email me.

Appointments that are **cancelled with less than 24-hour notice, will be charged a fee of \$65.00** (this is ½ of the session fee). In the event, that the **appointment is not cancelled, it is considered a No Show and will be charged the full session rate of \$130.00.** Insurance does not pay for missed appointments or cancellations. **All fees will be charged to your credit card on file on the day of the missed appointment.** If the payment is declined, the charge will be made when funds are available. These fees are charged regardless of the reason for the missed appointment. In order to maintain a fair practice policy, I practice this consistently with all patients.

## **Use of Insurance:**

**The use of insurance benefits is not a guarantee of payment. In addition, when using your insurance plan, it is understood that health plans require information regarding plan management with confidential patient information. Such information includes: a diagnosis based on the DSM -5, the dates and types of services rendered, authorization and continued authorization for services. In addition, it is understood that utilization management, quality assurance and other claim reviews, may require additional information concerning case history, presenting problems, treatment plans and other case information.**

Insurance assignments will be accepted with deductibles and co-insurance payments due at the time of services. As a courtesy, insurance claims will be filed with your carrier. I am enrolled in many networks however, if I am not a provider in your insurance network, out of network fees will apply. It is your responsibility to know the particulars of your policies including need for referrals and authorizations. If an authorization is not obtained, **you are responsible for the charges incurred.** If your insurance carrier has changed, it is your responsibility to notify me of those changes prior to the appointment.

Some insurance companies disallow certain codes such as family therapy or marital therapy and may only cover individual therapy. Do not ask to change a billing code for a service to be covered by an insurance carrier. This is considered insurance fraud. Therefore, if a service such as marital therapy is not covered by your policy, please be aware of the fees for those services which will be your responsibility.

## **Delinquent Accounts**

In the event of delinquent payment, a collection agency and/or court may be used. It is understood that you are responsible for any additional fees that may be incurred including attorney fees, court costs, filing expenses and a \$10.00/month late fee (beginning the last date of the activity on the account). In the event an attorney is not used, a fee of \$130.00 per hour will be charged for the therapist's time in collecting the debt. It is further understood that in the event of such action, it may require information be released that identifies parties involved, patient diagnoses, the dates and nature of services rendered, and all other information contained on any claim filed.

## **Emergencies**

If you are experiencing an emergency, you may reach me at my office (423) 855-7977. This phone is answered 24 hours/day. The voice mail will instruct you on how to reach me after hours. In the unlikely event that you are unable to reach me and the situation is critical, you are encouraged to go to the nearest emergency room.

## **Disability, FMLA or Other Specialized Documents:**

All documents will be completed with you present in a scheduled appointment. Each form will be completed, reviewed with you and prepared to be sent with any records that may be required. This will be a scheduled appointment, but it is **not covered by insurance.** The appointment will be charged at the self-pay rate of \$130.00 for an hour session. If the appointment is not kept (No Show), you will be charged the full rate of \$130.00. If there is a Late Cancellation the fee will be \$65.00.

## **Cell Phones**

It is important for you to know that cell phones may not be completely secure and confidential. However, I recognize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

## Texting and Email

Text messaging is not a secure means of communication and may compromise your confidentiality. Please do not bring up therapeutic content via text to prevent compromising your confidentiality.

It is important to be aware that I am required to keep a copy of all texts and emails as part of your clinical record.

Therapy Appointment provides encrypted, secure means of email communication. I will be sending automatic appointment reminders through this email system. In addition, I may send emails regarding payment receipts, or billing statements through this venue as well. You may communicate with me through this secure email. Please feel free to discuss how to access this service.

## Social Media:

It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality.

## Google, etc.

It is not my policy to search for my clients on Google or any other search engine. I respect your privacy to allow you to share information about yourself as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material and bring it to your session.

## Terminating the Therapeutic Relationship

At times it may be necessary to end the therapeutic relationship for various reasons. The relationship may change by the patient or myself. Reasons that I may terminate the therapeutic relationship include:

- The needs of the patient are beyond the my area of expertise.
- I am unable, or unwilling, to continue to provide care. Such reasons may include, changes to my practice or if there has been a situation in which my safety has been threatened.
- A conflict of interest is identified after treatment begins.
- It appears that you are not making adequate progress toward treatment goals, or you become noncompliant with the treatment recommendations.
- You fail to participate in therapy (e.g., non-compliance, no shows, or cancellations)
- There has been a lack of communication, or there has been no contact from you for **3 or more months** since the last session. If there has been no contact, it is assumed that you are no longer interested in remaining active in the therapeutic relationship, thus your case will be closed. If you desire to return to therapy in the future a new case will be opened for you.
- Non-payment of agreed upon fees

By signing below, you acknowledge having read, understood, and agree to comply with these policies and procedures.

---

Patient Signature

---

Date

In the event, there is another individual who is the responsible party, their signature below acknowledges they have read, understood, and agree to comply with these policies and procedures.

---

Responsible Party

---

Date

