

Renew Counseling & Consultation

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**Insurance & Billing Policies**

**Client Responsibility:** It is the client’s responsibility to pay for all services provided, even if they are subsequently denied by insurance. These non-reimbursed costs may include, but are not limited to, deductibles, copayments, missed session, unauthorized sessions and non-covered procedures.

**Copayments:** Clients are expected to provide copayment at time of service. If writing a check, clients are asked to write it in advance in order to make best use of time.

**Authorizations and Limited Sessions:** The client is responsible for obtaining necessary initial authorizations. Subsequent authorizations may require involvement from both client and therapist. Additionally, clients should be aware that many insurance plans only cover 12 to 25 visits per calendar year. Client are strongly urged to know this detail of their policy and plan accordingly. It is not the responsibility of the therapist or billing agent to track authorized sessions.

**Appointment Scheduling and Cancellation Policies:** Sessions scheduling will be discussed with you at each appointment. The typical recommendation for therapy is weekly or bi-weekly. Your consistent attendance greatly contributes to a successful outcome. Scheduled appointment times are reserved especially for you. If an appointment is missed, or canceled with less than 24 hours notice, or fail to show for your appointment, you (not your insurance company) will be charged fee. There are typically no exceptions to this rule, but it is at the therapist discretion.

**Phone/Email/Report Policy:** There is no charge for returned phone calls or emails, provided that the contact does not exceed 10 minutes. Additional time, including collateral contacts and writing reports will be charged on a pro-rata basis and will be discussed with you prior to completing.

**Claim Rejections:** If the insurance carrier for any reason denies the claim, including, but not limited to deductibles, non-authorizations, pre-existing conditions, or non-response, the credit card on file will be charged immediately.

**Collections:**  In the unlikely event that a client fails to remit payment and the credit card is declined, we will be forced to send the account to collections and/or seek legal action. Clients are held responsible to all associated fees, including lawyer fees, collection fees, administrative fees, and any additional expenses.

**Credit Cards:** To ensure payment, clients are encouraged to provide a credit card number or pay at the time of service. We will charge the credit card in accordance with policies listed above. Renew Counseling and Consultation, LLC and its agents are not require to provide additional notifications regarding these charges. If clients no longer want this card to be used, they are required to notify the therapist in writing, to request this change.

**Professional Fees:**

Our fees are as follows: First session (assessment): 55 minutes $150

Individual Counseling: 55 minutes $120

Cancellation Policy: No show or late cancel $50

Return Check Fee: $40

Telephone consults: per 15 minutes $20

Letter Writing: per 15 minutes $25

Records per page $.50

Court Appearances: per hour $120 (Court appearances include driving time, preparation time and

waiting time in the court. We reserve the right to request payment prior to court appearance.)

**Fee Agreement/Insurance Authorization:**  I authorize the release of any medical or other personal information necessary in obtaining payment from all third party payers.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read, understand, have had time to ask questions, and agree to the insurance and payment guidelines. I understand and agree that I am responsible for the cost of all services not covered by my insurance plan. Additionally, I am aware my credit card may be charged for any no show fees, late cancelation fees (less than 24-hour notice), and unpaid co-pays/co-insurance.

Signature of Client/or Guardian Date

Clinician Date