

HARP Christian Counseling, Inc.

919-793-6445

310 New Fidelity Court,
Garner, NC 27529

Billing Practices, Practice Policies, and Financial Agreements

INSURANCE:

While we may assist in determining your insurance benefits as a courtesy, it is ultimately your responsibility to contact your insurance company to verify eligibility, benefits, and reimbursement policies which are unique to your health insurance policy.

If we are in network with your particular health insurance plan, we will accept the contracted rate with your health insurance plan. You remain responsible for all copayments at the time of service.

HARP will file insurance claims on your behalf as payment for services rendered. However, in the event that insurance does not pay due to lack of benefits or eligibility, the client will be financially responsible for payment of services.

Please note that insurance contracts do not provide coverage for all services or for all types of providers. Additionally, HARP does not accept contracted insurance rates for marriage counseling or family counseling, and we will not bill your insurance plan for these services.

CANCELLATION, NO SHOW, AND LATE ARRIVAL:

Appointments with your therapist are a reservation of a time specifically for you, and as such we require a minimum of 24 hours notice for cancelling or rescheduling appointments. These fees will be automatically billed to your credit or invoiced to you directly. Your signature on this form provides permission to charge your credit card for missed or late canceled appointments when proper notice is not provided.

NO SHOW NO CALL FEE:

If cancellation notice is not provided to your clinician, and you do not attend a scheduled session, giving no notice of cancellation at any time, you will be billed a \$100.00 NO SHOW NO CALL fee.

LATE CANCELLATION:

You will be responsible for a \$50.00 missed appointment fee at times where you cancel without providing 24 business hours notice. Please cancel Monday appointments by the same time on Friday to avoid a late cancellation fee.

While staff may discuss with you the reason for your absence from a scheduled session, and may waive this fee in the event of actual and unforeseeable emergencies for late canceled sessions, there is no waiver allowed for a NO SHOW NO CALL absence. If you experience a crisis and cancel at any time before the session, we consider this a canceled session, which is very different than a NO SHOW NO CALL.

Please initial acknowledgement and consent to these policies:

\$50.00 LATE CANCEL fee _____ (initial acknowledgement)

\$100.00 NO SHOW NO CALL fee _____ (initial acknowledgement)

These fees are seldom assessed at this agency, as most clients do find that it is reasonable to make a call to cancel a scheduled session at least 24 hours in advance, and in the event of emergencies they are also able to cancel even just prior to a session making the higher NO SHOW NO CALL fee unnecessary.

PAYMENT AND FEES:

In the event that you are not using a health insurance plan to pay for services, you will be responsible for the following fees:

Intake session (individual or marriage): \$187.50. (\$150.00)

60-Minute Session: \$168.75 (\$135.00)

Marriage Therapy Session, 60 minutes: \$168.75 (\$135.00)

Cash pay clients paying on the day of services receive a 20% discount, reflected in parentheses.

Telehealth (video conferencing services for home-bound clients) services may or may not be covered for home-bound clients, but may be requested or necessary to provide services at times due to home-bound status or illness. This will be handled on a case by case basis, with client acknowledging that prior authorization of payment for this service may be difficult. Clients agree to pay the full fee in the event that their insurance denies a Telehealth claim.

Additional services will be billed at the clinician's hourly rate. Additional services include, but are not limited to, the following: report preparation; disability form completion; FMLA form completion; phone sessions; correspondence with other professionals not related to mental health (such as attorney consultation). In the

event that you require completion of forms or reports, we require that you allow up to 14 days for your clinician to complete these documents.

Acceptable forms of payment are check, cash, debit or credit card, or HSA cards, or flexible spending debit cards. Checks returned for insufficient funds will result in a \$35.00 insufficient funds fee.

Copayments are due at the time of service. In the event that your copayment cannot be determined in advance of the visit, you will pay the network negotiated rate set for your individual health plan. Excess fees collected will be refunded as soon as insurance payment is received.

CREDIT CARD AUTHORIZATION:

HARP contracts with Therapy Notes in the use of a secure portal for billing credit cards. While we will not record credit card numbers in client charts, Therapy Notes uses enhanced security through TransArmor to collect credit card information. With your permission HARP will charge your card for fees associated with services received from HARP clinicians. These fees include copayments, insurance deductible amounts due, missed appointment fees, and non-covered services such as report preparation.

A 4% service fee will be applied when fees are paid by a credit card. Due to insurance changes we can no longer absorb these fees.

LITIGATION SERVICES NOT PROVIDED:

At times our clients may become involved with a legal matter, such as a divorce or custody dispute. This practice has chosen to prohibit clinicians from voluntarily offering court testimony or sharing of client records at court, unless expressly requested through a court order. As such you understand that we will not participate in court representation and request that clinicians not be subpoenaed to testify at court. In these cases we believe that the therapeutic relationship could be jeopardized. In the event that you expect that you will need court representation, we will provide an appropriate referral.

COMMUNICATION WITH YOUR CLINICIAN:

Please utilize our office phone number for all communication. *Due to the confidential nature of therapy, please do not email your therapist. At times we may initiate a text to remind you of a session or cancel a session due to therapist illness when you cannot be reached by phone. Please do not retain a clinician's private cell number for future communications, but respect their privacy.* We have found that

client's needs are best served by maintaining this office number as our central line of communication, thereby preventing miscommunication and loss of privacy for clinicians and clients.

INFORMED CONSENT AND ACKNOWLEDGEMENT:

I have read and agree to abide by these financial policies. I agree that I will provide 24 business hours notice of cancelation, with the exception of genuine medical emergencies resulting in my home-bound status, where I could not have given proper notice due to such illness. In these events I will provide as much notice as possible. I agree that I will cancel a session, even with short notice, to avoid a no show session, even if I acknowledge that I will be required to pay a late cancelation fee. If I present my credit card as payment for services, I agree to make payment for missed appointments not canceled with proper notice by this same card.

My signature below indicates acknowledgment and consent to the policies and practices of HARP, Inc. as applicable to services rendered by clinicians contracted or employed by HARP. Additionally, I have received a copy of the agency's Notice of Privacy Practices.

Client Name (printed)

Date

Signature

Date