

Payment Options Explanation

Your Choices:

Our fee for a 50 minute session is \$175/hour. The financial investment you make in your counseling is reflective of your commitment to change and growth in your therapy work. We realize that payment for healthcare can be **complex and feel overwhelming** for some. Your clinician can discuss the details of your options below verbally if you need help understanding. In order to keep our fees reduced for families with financial needs, keep our commitment to patient mental health privacy, keep our philosophy of practice regarding diagnosis of mental disorders, and our desire to be independent of insurance carriers' oversight of session length, frequency, participants or contents, **our clinic operates on a self-pay system, and our clinicians are out of network with all insurance companies.** We believe that psychotherapy is between the client and the clinician - no one else. **You have two options when it comes to payment for your treatment:**

- 1) **OPTION 1: Self-Pay System with no insurance involvement.** You can use any form of payment you choose, and our scheduling system will give you a space to safely put your credit card or bank card information when you request your sessions. The scheduler will also keep a card on file for your convenience, so you don't have to enter it each time. *You can use an HSA (health savings account) for 100% coverage without submitting diagnoses or health information to your insurance company.* An HSA is different from an out-of-network plan. If you have a Health Savings Account or a flexible benefits account, receipts are generally 100% reimbursable through these means of payment.
- 2) **OPTION 2: Submit your receipts as an Out-of-Network Insurance Claim. If you choose to do this, you are opting to submit diagnostic information to your insurance company, and it will be on record.** All of the necessary information is available on your receipt (clinic tax ID number, treatment codes, and address of clinic), but in addition, your clinician will be required to provide a diagnosis code. *You cannot submit your receipts without a diagnosis code with this option - your carrier will decline them.* You must submit within your specific insurance carriers "timely filing limit" (TFL), which varies from 90 days to as much as a year, depending on your insurance carrier! You'll need to find out your TFL. You will receive at least one monthly receipt for your sessions, if not more frequent receipts. You are responsible for submitting your receipts to your insurance company, and your insurance company will reimburse you directly. Taking our practice out of the loop is one way we protect privacy and keep administrative costs low. Please discuss the risk and benefits of receiving a mental health diagnosis with your clinician, as there are several factors to consider. If you are receiving relationship counseling, you will need to confirm that relationship counseling is covered by your insurance carrier. Often, insurance will refuse to pay for relationship therapy.

Further Understanding:

What if I decide to change my payment option?

If you **initially choose OPTION 1 (self-pay) and then later decide to switch to OPTION 2 (submit to insurance) at a later date**, you cannot submit past dated receipts retroactively without diagnostic coding. In order to submit those receipts in compliance with insurance standards, your clinician will first have to revise *ALL* of the receipts that you intend to submit. Your clinician, having already done the billing once, will need up to 4 weeks to turn around the redo your billing records, depending on volume. Because

carriers' "timely filing limits (TFL)" will vary, please verify that you are still within the TFL for your specific carrier prior to requesting your clinician revise all billing. Being outside of the TFL will likely result in the claim being denied, so it is best to submit to insurance sooner rather than later, not retroactively, if you plan to use your out-of-network plan. If you **initially choose OPTION 2 (submit to insurance) and then later decide to switch to OPTION 1 (self-pay)**, the discounted rate will take effect from the time you inform your clinician in writing of the change. No changes will be made to past receipts.

How does this look in reality? How will I know what I'm investing before I begin?

Mental health and psychotherapy work is progressive. It's not like a surgery or orthodontic care. It can be difficult to predict exactly what amount of sessions will "finish" your therapy work because the measurement of success is within you, whether you feel ready to stop, what your ongoing emotional needs are. Some clients move quickly; some move slow - pacing is part of the symptomology and needs you bring to the work we are doing. Some clients need specific, measurable changes in their system, and others need ongoing support indefinitely. Your clinician will collaborate with you about how often and for how long your treatment will last. All cases are different, and we customize treatment plans based on your specific history, needs, goals and limitations. As a Good Faith Estimate in compliance with No Surprises Act, you have control of your scheduling (and thus also your financial investment) because we have our schedules available online, and you can stop at any time, scheduled yourself as often as you prefer. Most outpatient mental health treatment plans last a *minimum* of 6 months with weekly attendance (26 sessions).

Here of some examples of how that might look:

EXAMPLE ONE: You are in therapy weekly for six months. (approximately 26 sessions, \$4550 for 6 months of sessions at \$175/session). With a \$5000 out-of-network deductible, you will not meet the deductible and will self-pay the full amount.

EXAMPLE TWO: You are in therapy weekly for two years. Each year, your therapy will cost \$8750. With a \$5000 deductible, you'd pay \$5000 and submit these receipts with the diagnostic codes, and when you reach that \$5000, your insurance company will begin to send you reimbursements based on your co-insurance. Co-insurance amounts vary depending on your plan. For some it will be 50-50, others will have a co-insurance of 70-30. For example, 50% co-insurance will net you a reimbursement of \$1875. It lowers your annual payment from \$8750 to \$6875. You'll do the same thing in year 2 of treatment. Over two years, you'll be reimbursed \$3750 and you'll pay \$13,750. Often towards the end of a treatment episode/duration, sessions will be spaced out toward the end of treatment, rather than being weekly. This might be a consideration for the total payment as well.

Based on all of the above information, which payment route would you like to go?

Option 1 - \$175/hr, Self-Pay, no insurance Option 2 - \$175/hr, Out-of-Network Insurance Claim (you submit)

I have been fully informed about payment choices above for my treatment, and my signature below verifies my understanding about my choices.

Client Signature: _____ Date: _____

Our mission is for every human we help to feel secure.

Financial Policies and Procedures Agreement

When and How To Pay

When you **schedule your appointment online** with our app, you are required to submit contact information and payment information. Your card is not charged at that time. **Payments are expected at the time of service, but often our clinicians will reserve billing for monthly, weekly, or twice a month, depending on the season.** Secure Counseling Clinic accepts cash, checks (made payable to “Secure” or “Secure Counseling Clinic” with your counselor’s name in the memo line), and credit cards. There is a \$3.00 per session transaction fee for any electronic (credit or debit) transactions. Many of our clients opt into the automated payment option, through which your session fees will be automatically charged to a credit or debit card that you authorize with this form, should you choose. Payment may run up to 24 hours prior to the start time of the session. All receipts and invoices are **paperless**. We require an email address in order to deliver these documents. To maintain absolute confidentiality for our clients’ therapy records, we do not work directly with third party payment groups; however, we can provide you with receipts for your therapy after you have paid yourself, which you may then submit to your insurance company for partial reimbursement for out-of-network provided treatment (see page 11 above).

Additional Professional Fees

Extended Phone Consultations:

Your therapist is available for phone consultations outside of session regarding brief administrative, logistical needs. Generally, these conversations last 5-10 minutes and tend to be infrequent. We are happy to discuss scheduling, finances, brief treatment planning on the phone with our clients. If a phone conversation lasts longer than 15 minutes in duration or the nature of the phone call is therapeutic rather than administrative, your clinician may charge a prorated amount of your session fee in increments of 5 minutes (.08 hour).

Office Session Time Overage:

Sometimes a client needs a little more time before leaving a session because of the intensity of the discussion. We work hard to keep sessions running on time, so that clients can come and depart on time. Occasionally, a session runs slightly over or under one hour - most often these times are not noted because things tend to “all come out in the wash.” A standard therapy “hour” in medical billing is 50 minutes. Our sessions generally tend to run between 55-60 minutes because we enjoy spending as much time as we can helping you. If your session runs over the allotted time consistently, your clinician may charge a prorated amount of your session fee for the additional time. For example, if your session fee is \$175/hr, and you are 5 minutes over, you may be charged \$189 (\$14.00 is .08 of an hour).

Court-Related Matters:

Sometimes, correspondence with other agencies (insurance, courts, other professionals, etc.) is required. **Most phone contact or brief letters to medical or mental health professionals regarding your case will be a complimentary part of our services; however, any communication, verbal or written that involves the court system, attorneys or litigation will be billed at a rate of \$250/hour (prorated by the .25 hour), not at the session fee.** If a counselor of Secure is required to appear for any court related meetings, including depositions or expert witness appearances, you will be billed in full for the preparation time and the amount of time that the counselor is required to block out his or her schedule, regardless of whether the appearance takes place once the cancellation is less than 72 hours (3 days) from the required appearance. For example, if your counselor is subpoenaed as a witness, and s/he is required to block 4 hours of clinical time for the appearance, you will be billed for 4 hours, and 72 hours notice of settlement or cancellation of the appearance is required. If the court hearing is cancelled the day of the scheduled event, you will be charged.

Extended (Cumulative >2 Hours) of Communication with Medical/Social Work/Mental Health Professionals: Extended letters or contact (cumulative 2+ hours) with other mental health, medical or social work professionals may eventually result in these same prorated charges at the session fee rate. In all correspondence, you will need to sign an Authorization for Release of Information.

Bibliotherapy (Reading, Correspondence, Emailing for Therapeutic Purposes):

Bibliotherapy, or the use of media (movies or music your request your therapist watch/listen to), books, letter-writing, journaling or emailing, proves an effective form of supplemental treatment alongside regular sessions. Parents often require email

correspondence for coaching or consultation in between sessions for minor clients. If you and your therapist discuss the use of this format in between your regular sessions, your therapist will be reading your therapeutic material (books, letter- writing, etc), and this time will be billed at \$90/hour. The fees will be prorated at the .25 hour (for example, if your therapist spends .75 hours (45 minutes) reading through journals you have emailed, you will be billed \$67.50).

IMPORTANT: Regarding 48-Hour Cancellations

Once you have made an appointment with your clinician, the clinician has now reserved the session time **exclusively** for you. **We require 48 hours notice of cancellation** (which you can do online through our scheduling software anytime of day/night by following the links in your session confirmation email), and preferably, the most notice you are able to provide once you know you will not be able to make a session time. If you are unable to be physically present for the session, your counselor can meet with you through remote connections such as Zoom, FaceTime, Skype, or a telephone-enabled session. For example, in case of inclement weather or you/your child being ill (therefore home from daycare/school/work), your counselor is able to meet with you through technology-enabled means, including the telephone. If you cancel less than 24 hours from your session time, regardless of the reason, you will be charged the agreed session fee for that time. **If you cancel 48 to 24 hours from your session time, you will be charged 50% (half) the amount of your agreed session fee. Our No-Show Policy also states that you will be billed in full for not showing up for your appointment.**

Charge Plan Agreement for 48-Hour Cancellation Policy, No-Show Policy, and Non-Payment at Time of Session

I understand Secure requires an authorization of a credit or debit card that will be used in the instance that **clients choose not to attend a scheduled session**. No deposit will be placed on the card, and no charge will be made unless I do not cancel with 48 hours notice, do not show up for my scheduled session, or provide no payment at the time of the session with no alternative arrangements. If I have enrolled in the Automatic Payment Plan, payments will continue as planned. With all electronic transactions, there is a \$3.00 per session hour fee. My clinician values the exclusivity of my scheduled sessions and schedules a period of time to give me his or her undivided attention. I understand that if I choose not to agree to authorize a credit or debit card charge in the event that I cancel with less than 48 hours or do not show up for my session, I will be required to place a cash or check deposit (in addition to today's session fee). This deposit will be used in the instance of less than 48 hours cancellation, non-payment at time of session, or my not showing up for your scheduled appointment. When this happens, I will be required to place a new deposit, to be held in the same manner.

In the event that I cancel with less than 48 hours notice or do not show up for a scheduled session, I authorize my credit or debit card payment. **I understand and have agreed to the 48-Hour Cancellation Policy, No-Show Policy, and Non- Payment at the Time of Session Charge Plan.** Unless other payment arrangements are discussed, non-payment at the time of session may result billing the credit card on hile (provided for less than 48 hours cancellation notice). Non-payment may result in termination of services.

Secure Counseling Clinic offers an automatic credit card payment system for my convenience, so that I do not have to remember payment at the time of my session and may focus on therapy instead. I authorize automatic payment charges made to my credit card online by Secure Counseling Clinic. I understand that the online processing of my credit card is private, secure and compliant with HIPAA regulations. I understand that there is a \$3.00 per session electronic transaction fee (for both credit and debit cards). I also understand that I may opt out of this plan at any time or provide another form of payment at the time of my session, and that I must submit a request in writing and fill out a new Financial Contract if I would like to opt out of the automatic payment option. By my signature below, I am opting into the automatic debit or credit card payment option. The credit card listed BELOW will be charged. No charges will be made if payment is provided with cash or check.

Credit or Debit Card Information (choose one):

_____ Please use the card OR provided when my appointment was scheduled online.

_____ Please use this card instead:

Name on Card: _____

Visa Mastercard American Express Discover -- Card Number: _____

Exp. Date: _____ Validation Code: _____

Billing Address (if different from contact information): _____

**All hardcopy credit card information is kept as HIPAA protected information behind multiple locks.

I have been fully informed about all financial matters regarding my treatment (p.13-14). I understand and agree to the financial policies of Secure.

Client Signature: _____ Date: _____

Our mission is for every human we help to feel secure.