

CCG Collaborative Counseling Group

Financial Practices

Fees and Services: Intake sessions are sixty minutes in duration at a charge of \$180.00. Psychotherapy sessions are fifty minutes in duration at a charge of \$140.00. If insurance benefits are used, you are responsible for all co-pays, coinsurance amounts and/or deductibles at the time of services rendered.

Fees for additional services such as Groups, Special Programs, Trainings, and Consultation are available by request. There will be a fee of \$25.00 per fifteen minute increment for time spent by client's clinician for phone calls, letters written on client's behalf or meetings attended on client's behalf.

Payment for Services: Fees/Co-pays are to be paid at the time of service unless otherwise arranged with your clinician. Please make checks payable to "CCG". Client will be responsible for all returned check fees.

Regardless of your medical coverage, you are responsible for payment of your clinical services. Clients who default on their financial obligations will be referred to a contracted collection agency and revoke their right to confidentiality in this process. They will be liable for all collection costs including agency fees and legal fees.

Cancelled or Missed Appointments: If you are unable to attend your scheduled appointment, a minimum of 24 hours is required in order to cancel an appointment with a clinician.

If less than 24 hours is given to cancel an appointment or an appointment is missed without cancellation you will be charged the full fee for that scheduled appointment. Insurance will not cover any of the cost and you will be responsible for the full fee. Appointment re-scheduling will be at the discretion of the clinician.

Insurance Coverage: Collaborative Counseling Group (CCG) will submit insurance claims for coverage which may include Out-Patient Treatment reports, and Diagnostic Treatment Summaries.

You are responsible for reporting any changes to you insurance information, including coverage changes. If you fail to inform CCG, you may be responsible for payment in full for your professional services.

You are responsible for costs or professional services regardless of coverage. By signing this form you are authorizing insurance carriers to make payments to Collaborative Counseling Group, LLC. If your insurance carrier will only submit payment directly to the client, you are responsible for forwarding payment in full to CCG.

CCG Collaborative Counseling Group

Financial Practices

Adjusted Fees and Payment Schedule: Adjusted fees and payment schedule must be worked out with your clinician prior to scheduled treatment, must be based on need, and held confidential.

Acknowledgement and Agreement of Financial Practices and Fees:

I have read and understand the above financial practices and fees

Client Signature

Date

Signature of Witness

Date