

2. Financial Disclosure and Obligations

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Payment for therapy services at the time of your session. LMV Counseling reserves the right to potentially cancel your appointment or suspend the provision of therapy services due to an outstanding balance until the balance is paid.

LMV Counseling accepts the following forms of payment:

- Credit/Debit Card (charged on the day of the appointment)
- Cash
- Check (\$25 fee applied for bounced check)

Insurance

Insurance Coverage

LMV Counseling shall verify mental health insurance coverage for all clients before their initial visit or when there is a change of insurance. This is to determine the conditions of coverage and any copay/deductible for which the client may be responsible. We ask that you please review and understand the following:

- a. Any explanation of benefits that LMV Counseling receives is only a quote of benefits, and actual coverage is determined when the insurance plan receives a claim for processing. Please note: It is possible that there may be a difference in the copay or coverage once the claim is processed; you shall be responsible for any difference in this amount.
- b. Individual insurance plans will be honored at the agreed-upon fee with your health insurance company. Please note: you are responsible for the cost of your therapy services at the billable rate listed below under "Self-Pay Fee Schedule" if you do not have insurance coverage, or coverage is denied.
- c. It is your responsibility to notify our office immediately when there is a change in your insurance. Failure to notify the office of a change in insurance, or if your insurance is denied due to policy termination or due to a lack of authorization for services, will result in you being responsible for the outstanding balance as well.
- d. Your insurance company will be charged at rates pre-established in an agreement between your insurance company and LMV Counseling; however, if your insurance company denies your claim or only pays part of the fee for the services we provide, you will be responsible for any outstanding amount.

Private Pay Fee Schedule

If you do not have insurance, you agree to pay the amount indicated below:

LMV Counseling's hourly rates:

- a. Intake Evaluation: \$200

b. Therapy 50 mins: \$175

c. Group Therapy 60 mins: \$50

Other Rates (these will be charged depending on the agreement with your insurance company):

a. Blueprint Diagnostic Assessments: \$10/month

b. Phone Consultation: \$30 per phone consult over 15 minutes

c. Consultation: \$50/hour (such as IEP meeting, record review/correspondences)

d. Forms or Letters: \$25

e. Missed appointments & Late Cancelled appointments: \$100

Responsibility to Pay Legal Fees

In the event disclosure of your records and/or LMV Counseling's testimony is requested by you or required by law, regardless of who is responsible for compelling the production or testimony, you may be responsible for and shall pay the costs involved as indicated below. This may include but is not limited to copying/sending records, traveling to and from the testimony location, reviewing records and preparing to testify, waiting at the location, and giving testimony. Such payments are to be made prior to the time LMV Counseling provides services to you. LMV Counseling reserves the right to require a deposit for anticipated court appearances and/or preparation required on your behalf.

If there are pending court cases that will require a court appearance by LMV Counseling, you are required to submit a \$2500 fee in advance for these services 30 days prior to the court date.

Any staff member of LMV Counseling does not and will not provide court testimonies or assessments for child custody or divorce cases. LMV Counseling is not a certified custody assessor. LMV Counseling does not provide drug or alcohol assessments for court.

Court Testimony: \$2500 payable in advance

Please note, by signing this Informed Consent, you agree to all fees for services owed to LMV Counseling, as well as any other fees, all of which are detailed within this Informed Consent.