

FINANCIAL POLICY

The fee for counseling services is \$150.00 per session. The sessions are fifty minutes in duration and you must give 24 hours' notice if you wish to cancel an appointment or a \$150 fee will be charged (or the amount that would be incurred by billing insurance plus copayment). If you arrive later than 15 minutes of start time of your appointment, insurance cannot be billed so **you** will be charged for your appointment. A credit card will be kept on file to cover all payments and copayments. All payments are due the day of session.

Although Mindset Behavioral Health is contracted with several insurance companies, it is your responsibility to make sure that your therapist is an in-network provider for your specific plan. If not a participating provider for your plan, you may still select this office for your care; "out of network" benefits will apply if you have them. It is also your responsibility to know your insurance benefits. We strongly advise you to contact your insurance company at the phone number printed on your insurance card to verify your benefits and obtain any authorization information. If you are selecting file "out of network", you will be required to pay the same day self-pay rate for your visit at the time of your appointment.

Please be advised that we submit claims to your insurance company as a courtesy to you, however the billed amount is ultimately your responsibility. If your insurance provider denies the claim or deems any portion to be your responsibility, the amount billed will be charged to your card on file immediately upon receipt of the processed claim. If your card on file declines the charges, we will charge any other method of payment we have on file for you.

Any billing questions or concerns should be directed to the business office at (918)691-1435 or info@mindset-bhs.com. Should you dispute a charge through your financial institution, this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action and/or termination of any current and/or future services.

We will send all delinquent accounts to a 3rd party collections company. This may result in negative reports made to the Credit Bureau on your behalf. If your account is sent to collections, you will be responsible for the full amount billed from our office as well as any charges incurred by the collections agency, typically an additional 50% of the amount owed.

Therapy Session: \$150 30 min phone consultation: \$75 Reporting fee: \$100 per report

School consultations/classroom visitation/IEP attendance: \$150 per hour

Court appearances: \$150 per hour plus travel, preparation, and necessary expenditures Letter writing: \$150 per hour, rounded to the nearest hour, with a minimum of 1 hour charge

All fees are due at time of service, are subject to change, and are charged to your card on file.

*This does not include copies of your bill, missed work or school letters, release of information forms, nor any other documents used in the day-to-day operation of this office. These are provided at no charge.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature	Date	9
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