

Child Evaluation & Treatment Center

A subsidiary of Psychological Assessment & Treatment Specialists, Inc.

FEE & BILLING AGREEMENT ©1/2015

Individual/Conjoint Psychotherapy

The *Child Evaluation & Treatment Center (CETC)* fee for the initial session of therapy is \$240; all subsequent therapy sessions are \$230. **If my therapist is a participating provider on my insurance plan, these rates will be adjusted according to the contracted insurance rates.** I agree to pay my co-payment (\$____) **at the time of each appointment.**

The client, _____, or undersigned parent-legal guardian, is fully responsible for payment of services. If insurance forms are completed properly, CETC will bill out for insurance reimbursement; however, this does not absolve me of my financial responsibility (e.g. if a third party refuses to make payment). **While CETC will do all it can to accurately represent client benefits and obtain reimbursement for services from my third party provider(s), I understand that I have the primary responsibility to verify coverage, pre-authorizations, and payment.**

Consistent and punctual attendance contributes to the most beneficial treatment and adds significantly to the client/therapist working relationship. I understand that when I schedule an appointment, that time becomes unavailable to other clients. Therefore, **I agree to pay \$50 for any session a) missed or b) canceled with less than 24 hours notice.**

Please note that no food or drink should be brought into the office. I understand that a \$100 cleaning fee will be charged to my or my child's account for any mess created as a result of me or my child violating this policy.

FINANCIAL AGREEMENT

In consideration of professional services and treatment offered by CETC, I further agree that:

- 1. Authorization to release information:** I give authorization to release information necessary to process health benefit claims. On rare occasions, this may include the release of my therapist's notes;
- 2. Timely payment:** *my co-payment is due at the time services are provided.* If I fail to make payment in this prescribed manner, I understand that CETC may generate a billing statement on the above account, and I agree to pay a \$5.00 service charge for each such billing statement. I understand that services will be temporarily suspended in the event that the amount owing on the client or family's account exceeds \$200. I also understand that no appointment can be scheduled if I owe money for two or more missed or cancelled appointments. In either one of these situations the account needs to be brought to \$0 before another appointment is made;
- 3. Fees for other services:** court appearances and depositions are billed at \$250/hour, portal to portal, and a \$2,000.00 retainer must be paid before my therapist will participate. Reports, correspondence, review of records, completion of medical claim forms (e.g., disability, social security, etc.), and phone calls and emails are billed at \$100-\$195 per hour.
- 4. Responsible party:** as my child's parent/legal guardian, I understand that it is my responsibility to verify insurance benefits for PATS' services. I understand I am responsible for any services not covered by my insurance company. In divorce situations, the parent who signs this form is the responsible party. A divorce decree is a document between ex-spouses and the court. Although a divorce decree may state that an ex-spouse is responsible for a portion of a child's medical bills, PATS has no authority to enforce compliance.
- 5. Delinquent charges and procedures:** returned checks incur a \$25.00 service charge. Accounts with an outstanding balance more than 30 days overdue incur an 18% APR service charge. CETC may release personal identifying information (e.g., name, address, phone number, etc.,) and pertinent account data to collection agencies, courts, and/or credit agencies in the event my account becomes more than 60 days overdue. I agree to pay all court costs, attorney fees, and collection fees which might arise in the process of collecting on my account, up to 100% of my outstanding balance; and
- 4. Indemnification:** I agree to hold CETC, its agents, and its parent company (PATS, Inc.) harmless from all legal liability in their efforts to collect on my account.

By signing below, I acknowledge my understanding of, and agree to be bound by, the policies outlined in this Fee and Billing Agreement.

Responsible party/parties

CETC witness

Date