

Feathergill and Associates, LLC

3625 Park Place West, Suite 150
Mishawaka, IN 46545

CONSENT TO FEES AND BILLING PROCEDURES

Usual and Customary Fees: The following fees are the usual fees that you will be charged for services. Other fees or additional fees are explained below or will be explained by your therapist in advance.

Doctoral Level Psychologist (Psy.D., Ph.D.):

Initial Evaluation	\$240.00
60 Minute Session	\$220.00
45 Minute Session	\$165.00
Couples/Family	\$220.00
Group Therapy	\$ 90.00

Social Worker/Mental Health Counselor (LCSW/LMHC):

Initial Evaluation	\$200.00
60 Minute Session	\$180.00
45 Minute Session	\$135.00
Couples/Family	\$180.00
Group Therapy	\$ 60.00

Psychological Testing \$240.00/Hourly Fee, or bundled fee for certain services.

Insurance Billing:

In-Network: If your therapist is “In-network” with your insurance company rates are typically lower than those listed above. Feathergill and Associates will bill your insurer and be paid directly by them at the contractually determined fee. You will be billed for all charges not covered by the insurance company (deductibles, co- payments, charges after your benefits run out, etc.). For “In-network” insurance, co-pays are due at the time of service, while co-insurance and deductibles, are due once we have received an Explanation of Benefits (EOB) from your insurance company for the submitted charges.

Out-of-Network: If you intend to use your insurance, and your therapist is “**Out of Network**” with your insurance company your therapist does not have a contract with your insurer. The fees listed above apply. Feathergill and Associates requires payment in full at the time of your visit. Feathergill and Associates will provide you with a statement that you may send to your insurance company for reimbursement.

We cannot guarantee if or what your insurance company will pay. Payment of all charges is ultimately your responsibility regardless of what benefits are quoted to you either by your insurance company or Feathergill and Associates. It is also your responsibility to keep us informed, in a timely manner, of any changes in your coverage or policy. If your insurance coverage or policy changes and we are not informed in advance, you are responsible for any unpaid claims.

Private Pay: Many of our clients prefer to not use their insurance to increase the level of confidentiality of their therapy. If you would like to pay privately, please speak to your therapist about payment arrangements.

Fees for other services: Given that there has been a dramatic increase in the need for services outside of the standard clinical session, we now charge for the following: telephone conversations (over 10 minutes), oral or written communications with attorneys, physicians, school counselors, etc. We will bill for these services at the usual hourly fee prorated for the amount of time used. These charges may not be covered by health insurance, in which case they will be billed directly to you. Services that require travel away from Feathergill and Associates will be billed at the professional's hourly rate, including travel time. Since the amount of time required for these meetings is often unpredictable, you may be required to reserve the professional's time in half-day or full-day blocks. Additionally, since these meetings require travel and advance cancellation of usual appointments, payment is due one week in advance and is not refundable.

Copies of Medical Records: Fees for the preparation and sending of medical records are as follows: \$20.00 labor fee, (includes first 10 pages), \$0.50 per page (pages 11 – 50, \$0.25 (pages 51 on), actual mailing costs, \$10 rush fee if records are to be provided within two business days, \$20.00 certifying fee. (These fees are in keeping with the rules of The State of Indiana)

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Cancellation and Missed Appointment Policy: To cancel or change an appointment without incurring a charge you must call your therapist and provide at least 24 hour's hours' notice. Appointments cancelled with less than the required notice, or missed appointments, will be charged \$120.00 per session. (Please note that insurance companies will not pay for missed appointments) We at Feathergill and Associates are sorry that we must charge you for these missed sessions, especially when you may have a very legitimate reason for missing the session. However, please understand that when you make an appointment, you reserve the time so that it is not available for others. The therapist thus loses income that was planned for, and cannot be recouped.

Return Check Fee/Declined Credit Card Fee: If your check is returned for insufficient funds, or your credit card is declined when processed, you will be charged \$25 in addition to the check/card amount. You are also responsible for any bank fees that are charged to Feathergill and Associates. After two returned checks Feathergill and Associates will not accept checks and instead will require that you pay via cash, bank check, or postal money order.

Overdue Accounts: Payment is due at the time of each office visit. If this is not possible you must speak to your clinician to make special arrangements. Accounts not paid within 60 days of billing will be charged 10% interest on any remaining balance. Accounts not paid within 90 days of billing are considered delinquent and will be forwarded to our collection service unless you have made arrangements with your clinician. If this occurs are responsible for all attorney fees, court costs, and collection fees. Once an account is considered delinquent, no routine follow- up visits will be offered; Feathergill and Associates will provide emergency assistance in a crisis to persons with delinquent accounts. The account must be paid in order to resume regular professional services.

Fee Increases: These fees may be increased in the future based upon inflation, costs of doing business, and to keep up with regular adjustments that occur in pricing of medical fees and insurance reimbursement. When we do raise our fees, clients will be provided with one month notice in writing. Discussion of such increases with therapists is encouraged.

Signed Consent: By signing below I indicate that I have reviewed these policies, understand them, and agree to the terms as written. I hereby authorize Dr. Feathergill or his designated staff to release to any appropriate insurance-related entity or collection agency the information needed to process claims in reference to this treatment. I authorize the payment of insurance benefits directly to Feathergill and Associates on behalf of the client. I understand that I am responsible for all deductibles, co-insurance, and non-covered charges.

Please print client's/guardian's name

Client's Date of Birth

Client's/Guardian's Signature

Date

Therapist's Signature

Date