

## FINANCIAL RESPONSIBILITY AND BENEFITS AGREEMENT

**You are responsible for your bill and for understanding your insurance coverage.** Payment options include insurance, check, cash, or credit card. In most cases we will be able to bill your insurance company directly. If your therapist is not covered by your insurance or if you have a deductible or co-payment, the payment is **due at the time of service**.

Initial Therapy Intake: \$225.00 (60 minute session) - CPT Code 90791

Individual Psychotherapy: \$185.00 (53 minute session) – CPT Code 90837

Individual Psychotherapy: \$165.00 (45 minute session) – CPT Code 90834

Psychological Testing: \$150.00/hour, CPT Code 96101 - includes materials and cost of scoring.

Late Cancel/No show Fee: We require that clients give 24 hour notice when canceling an appointment. Clients who do not cancel or who cancel within 24 hours of the appointment time will be charged \$100.00. Note that insurance companies do not pay failed appointments.

**Insurance:** We ask that you call your insurance company before scheduling your first appointment so that you fully understand what is covered, your deductible, and your co-payment. When calling your company providing the following information may be helpful:

Be. Counseling Partners Tax ID: 81-1290243

Therapist's Name: \_\_\_\_\_

After speaking with your insurance and verifying benefits:

### **PLEASE BRING THE FOLLOWING INFORMATION TO YOUR FIRST APPOINTMENT ALONG WITH YOUR INSURANCE CARD:**

Insurance Company Name	_____
Company Phone Number	_____
Group & Policy Numbers	_____
Policy effective date	_____
Office visit co-pay	_____
Deductible	_____
Out of pocket maximum (OOP)	_____
Do deductible, co-pays, & co-insurance apply to OOP max?	_____
Deductible amount met so far this year?	_____
Do you need a referral to be seen?	_____
Is Be. Counseling Partners in-network?	_____
If no, can you use out-of-network benefits?	_____

**Thank you!**