

Welcome and Thank you!

Thank you for choosing New Leaf Counseling and supporting an Antioch local small business.

Our goal is to provide and maintain a positive clinician-client relationship. Providing you with our financial policy in advance allows for a good flow of communication and enables us to operate efficiently.

To prevent misunderstanding between patients and our practice, the clinician's at New Leaf Counseling, LLC adhere to the following client financial policy. Your complete understanding of your financial responsibilities is an essential element of the physician-patient relationship and continued medical management. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

Understanding Mental Health Expenses

When both you and your health insurance company pay for your health care expenses, it's called cost sharing. Deductibles, coinsurance and copays are all examples of cost sharing. Understanding how they work will help you know how much you'll pay.

Deductible. A deductible is the amount you pay for health care services before your health insurance begins to pay. How it works: If your plan's deductible is \$1,500, you'll pay 100 percent of eligible health care expenses until the bills total \$1,500. After that, you share the cost with your plan by paying coinsurance

Coinsurance. Coinsurance is your share of the costs of a health care service. It's usually figured as a percentage of the amount we allow to be charged for services. You start paying coinsurance after you've paid your plan's deductible.

How it works: You've paid \$1,500 in health care expenses and met your deductible. When you go to the doctor, instead of paying all costs, you and your plan share the cost. For example, your plan pays 80 percent. The 20 percent you pay is your coinsurance.

Copay. A copay is a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service.

How it works: Your plan determines what your copay is for different types of services, and when you have one. You may have a copay before you've finished paying toward your deductible. You may also have a copay after you pay your deductible, and when you owe coinsurance.

Your Insurance ID card may list copays/coinsurance/deductibles for some visits. You can also create an online account with your insurance carrier or contact your Human Resources representative at your employer to further help define what your benefits are.

How We Work Together

Full payment is due at the time of service for all copays, payment towards deductibles, and coinsurance. For your convenience we accept cash, personal check, credit/debit cards (Visa, MasterCard, American Express, Discover). New Leaf Counseling, LLC is required to collect these based on your benefits contract and New Leaf Counseling, LLC's contractual agreement with your insurance carrier. New Leaf Counseling, LLC must collect copays or coinsurance at the time of service and is required to report to the carrier any enrollees failing to pay the copay.

A valid credit card number will be kept on file during your treatment at New Leaf Counseling, LLC. For your convenience we accept cash, personal check, credit/debit cards, and Apple Pay. All clients are required to have a credit card on file with New Leaf Counseling, LLC. All accounts that have not received payment towards a balance within 90 days will have the credit card on file charged for the balance amount. Any fees associated by checks returned to New Leaf Counseling by your bank for insufficient funds will be billed to the client and an alternate method of payment will be required.

It is your responsibility to provide New Leaf Counseling, LLC with current, accurate insurance information and to notify New Leaf Counseling, LLC of any changes in this information. A valid insurance card(s), picture ID, and date of birth of the adult insured (policyholder and guarantor of bill) must be presented prior to the time of service.

It is the patient's responsibility to obtain insurance carrier coverage limitations. These include prior authorization and referral requirements, and member out-of-pocket financial requirements (copay, deductible, coinsurance). The amount of your copay may be different for your provider at New Leaf Counseling LLC than for your primary care. If your insurance company denies a claim filed on your behalf, then you are responsible to pay New Leaf Counseling, LLC for the difference between the standard rate and the amount previously paid as copay unless approved otherwise by New Leaf Counseling, LLC.. Please provide your clinician details of your insurance benefits prior to date of the first session.

If New Leaf Counseling, LLC does not participate with your insurance, you are expected to pay in full for our services at the time of visit. New Leaf Counseling, LLC may provide assistance in submitting the charges to your insurance company; however payment is expected up front.

If you do not have medical insurance, payment in full for services is required at the time of the visit.

Our List of Services

Most common services provided by our staff. These are the most common services provided by our staff, and are not a comprehensive list. This lists our service rates and corresponding health insurance billing codes. Some prior contracted in-network insurance rates may be lower than listed. Additional codes may be used by your provider as deemed appropriate:

- 90791 Initial Consultation – Individual (50-60 min.) \$200.00
- 90837 Individual Therapy (60 min.) \$175.00
- 90834 Brief Individual Therapy (45 min.) \$130.00
- 90832 Brief Individual Therapy (30 min.) \$100.00
- 90847 Couples Therapy (60 min.) \$175.00
- Phone Consultations (15-60 min.) \$150.00 (prorated per 15 min)

Some charges are not covered by insurance.

- Medical Letters Requests \$150 per hour, after written consent provided.
- Case Management \$130.00 (prorated per 15 min.). Case Management includes indirect services we provide outside our session times such as writing letters, consultations made at your request (for which a written authorization for disclosure of confidential information is required), coordinating adjunct and Court Advocacy services, and completing forms or reports. On occasion you may request that we testify or be present in court proceedings on your behalf of subpoena from the court the time billed will begin from our arrival at the courthouse to completion of testimony.
- Late cancellation/Missed Appointment – fewer than 24 hours prior to appointment \$150.00.
- Past-due accounts – over 90 days. All accounts that have not received payment towards a balance within 90 days will have the credit card on file charged for the balance amount.

Client Name: _____

Name of Insurance Holder: _____

Insurance ID/Group Number: _____ Birthday: _____

My plan year is: _____

My deductible is: _____ My coinsurance is: _____

As of (date) _____ I have met (deductible) _____

My copay is: _____

Other insurance/payment information: _____

My arrangement outside of insurance is: _____

I understand New Leaf Counseling, LLC Financial Agreement, and hereby agree to all within it:

Patient or Parent/Guardian if Minor

Date

By signing this form you are authorizing:

- Coinsurance charges
- Copay charges
- Late cancellation/Missed Appointment charges – fewer than 24 hours prior to appointment \$150.00
- Past-due accounts – over 90 days. All accounts that have not received payment towards a balance within 90 days will have the credit card on file charged for the balance amount.
- In the event of a dispute of charges, New Leaf Counseling LLC may share dates of service, service description, and any other signed paperwork with your financial institution to resolve the matter.

I agree to have my credit card charged for each visit: YES _____ NO _____

Credit Card Information:

Card Holders Name _____

Credit Card Number _____

Expiration Date _____

Security Code (3 digits on the back of card) _____

Billing Address _____ Billing Zip Code _____

Cardholders' Signature _____ Date _____