

As a service to our clients, FamilyMeans will submit your insurance claims. Please provide us with necessary information to submit claims in a timely manner. If you fail to provide active insurance information in a timely manner, you will be responsible for the full balance. **Co-Payments, deductibles and co-insurances are to be paid at the time of each service at check-in.**

Client Responsibility

Insurance Coverage

- It is client's responsibility to know what is and is not covered under their insurance policy.
- FamilyMeans can make no guarantee that your insurance company will provide payment for services rendered.
- Clients are responsible for the full amount of the charge whether or not your insurance will cover any portion.
- If your insurance company requires pre-authorization of services, you are responsible to inform us.
- Be aware that some insurance companies have an annual maximum benefit for outpatient mental health coverage.
- I will notify FamilyMeans if there is a change in my insurance, income, number of dependents, or if I obtain other applicable insurance coverage.
- If there is an outstanding balance from previous services, FamilyMeans requests payment prior to initiating new services.

Cancellation Fee \$75

FamilyMeans requires a 24 hour notice when cancelling an appointment. This will allow us to offer the time to others. At the discretion of FamilyMeans, your services may be discontinued due to excessive failed appointments or late cancellations.

Divorce/Custodial Situations

The parent/guardian whose insurance will be filed must sign the financial contract and receive billing statements. Either parent who is legally able, may sign all other documentation. Any court-ordered financial arrangements must be worked out between the parents.

Interns

I am aware that FamilyMeans provides internship opportunities to mental health trainees who may be present or conduct all or part of sessions as part of their education. All fees and billing do remain the same when interns are present.

Authorization to Release Information

I, _____ (client/legal guardian if client is under 18), hereby authorize FamilyMeans to release all information necessary to secure payment for services rendered and to mail payment statements. I understand that my records are protected by the Data Privacy regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations, and that I may revoke the consent at any time. I understand that this consent will automatically expire without my express revocation upon receipt of all payments due. I have the right to receive a copy or review information to be disclosed if requested.

Responsible Party Signature

Date

Payment Policies (MUST BE SET UP THROUGH BILLING DEPARTMENT)

FamilyMeans
Financial Contract Policy

Client Name: _____
Client Date of Birth: _____

Payment for FamilyMeans services is primarily established through insurance. Clients may choose whether to submit claims to their insurance or pay for services directly at full fee. FamilyMeans will always work with clients who may have financial hardships but still want to seek mental health services.

ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE.

Payment Plan Option 1 (use only when billing insurance):

___ FamilyMeans is billing my insurance, yet I cannot afford my portion of full payment at each session.
I agree to pay \$_____ per ___ session or ___ month towards my balance until it reaches \$0.

Private Pay/Full Fee Options:

Intake and assessment sessions: \$175, ongoing counseling sessions: \$150-\$165, group sessions \$75

___ I agree to pay the full fee out of pocket for all services rendered at the time of service.

___ I agree to pay the full fee out of pocket for all services, yet I cannot afford to pay in full at each session.
I agree to pay \$_____ per ___ session or ___ month towards my balance until it reaches \$0.

Sliding Fee Option (use ONLY when client has NO insurance or FM is not credentialed with Insurance)

If you do not have insurance and cannot afford full fees for private pay, a sliding fee scale option may be set up which is based on your family size and income. FamilyMeans may provide up to 8 sessions at this adjusted rate or when there is a change in your financial situation-whichever comes first. When utilizing the sliding fee option, payments are due in full at the time of each session.

I do NOT have insurance and cannot afford full fees. I am aware I may receive up to 8 sessions at this adjusted rate and it is my responsibility to inform FamilyMeans of any changes to my financial situation.

Monthly Household Gross Income: \$_____ # of Dependents: _____

Based upon your current income and number of dependents as stated above your adjusted fee(s) is/are:

Intake and assessment sessions: \$_____, ongoing sessions \$_____, group sessions \$_____.

Responsible Party Signature

Date

Billing Staff who set up any fee schedules: _____ Date: _____

Date to Review: _____