



HARMONY MENTAL HEALTH FINANCIAL POLICY

Harmony Mental Health is committed to providing caring and professional mental health services to all of our clients. As part of the delivery of mental health services we have established a financial policy which provides payment policies and options to all clients. The financial policy is designed to clarify the payment policies as determined by the ownership of Harmony Mental Health.

As the client, you (or your parent or representatives) are agreeing to be the Person Responsible for Payment of Account. Your insurance policy, if any, is a contract between you and the insurance company; we are not part of the contract with you and your insurance company.

Harmony Mental Health is not contracted with all insurance or other third-party payers. Payers commonly pay “out of network” rates to providers they do not have contracts with. As a service to you, Harmony Mental Health will bill insurance companies and other third-party payers, but you will be responsible for paying the unpaid portion of your fees. You will be sent monthly statements showing amounts billed, collected, and remaining amount you owe.

We cannot guarantee insurance benefits, or the amounts covered, and we are not responsible for the collection of such payments. In some cases, insurance companies or other third-party payers may consider certain services as not reasonable or necessary or may determine that services are not covered. In such cases the Person Responsible for Payment of Account is responsible for payment of these services. We charge our clients the usual and customary rates for the area. Clients are responsible for payments regardless of any insurance company’s arbitrary determination of usual and customary rates.

The Person Responsible for Payment will be financially responsible for payment of services not paid by insurance companies or third-party payers after 60 days. Payments not received after 120 days are subject to collections. A 1% per month interest rate is charged for accounts over 60 days. For contracted payers, insurance deductibles and co-payments are due at the time of service. As the client, you are responsible for knowing what the deductible and co-payment amounts are.

All insurance benefits will be assigned to this clinic (by insurance company or third-party provider) unless the Person Responsible for Payment of Account pays the entire balance each session. Clients are responsible for payments at the time of services. The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service. Unaccompanied minors will be denied nonemergency service unless charges have been preauthorized to an approved credit plan, charge card, or payment at the time of service.



INSURANCE REIMBURSEMENT

You should be aware that most insurance companies require you to authorize us to provide them with clinical diagnosis to make a decision on payment of claims. Sometimes we will have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in their database. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report submitted, if you request it.

Please note that you may choose to pay out of pocket rather than use insurance coverage (unless prohibited by contract such as national government sponsored health plans). You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.

CRIME VICTIMS REPARATION REIMBURSEMENT

If you seek reimbursement through Crime Victims, please note that you are still responsible for paying for each session as you go. If or when Harmony Mental Health is reimbursed from Crime Victims, you will be reimbursed if there is any overpayment on the account.

CANCELLATION/ NO-SHOW/ RESCHEDULING FEES

Failure to show for an appointment without contacting your Harmony Mental Health therapist constitutes a NO-SHOW. A fee of \$200 may be charged for a NO-SHOW. If a client has two consecutive NO-SHOWS, Harmony Mental Health staff may remove future appointments from their schedule. At that point, Harmony Mental Health may no longer be able to provide counseling services and will assist with a referral for obtaining counseling services elsewhere. Your therapist may offer to reschedule appointments; however, you will be subject to any wait list delays.

Cancellations should be made at least 24 hours ahead of time. You may be charged \$45 for cancellations less than 24 hours ahead of time. Cancelling two out of three or three out of five appointments is against Harmony Mental Health policy and may result in you being removed from the appointment schedule.

Most sessions last between 45 to 55 minutes. Harmony Mental Health has established that in order to provide quality service, if a client is more than 15 minutes late they will be asked to reschedule their appointment. You will be charged \$45 if you have been asked to reschedule your appointment.



Payment methods include check, credit card, or cash. If the check is not cleared at the bank due to insufficient funds and Harmony Mental Health incurs a fee from the bank, you are responsible for paying \$25 in addition to what you may already owe.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.

PROFESSIONAL FEES

Our fee for one hour of individual psychotherapy is \$250 (53 or more minutes). Other session times and other service fees apply at different rates. A schedule of our standard fees can be provided as needed. In addition to weekly appointments, we charge this amount for other professional services you may need, though we will break down the hourly cost if we work for a period of less than one hour. Other services include but are not limited to: writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require Harmony Mental Health participation, you will be expected to pay for our professional time even if the therapist is called to testify by another party. In the event disclosure of your records or any testimony by a practitioner at Harmony Mental Health are requested by you or required by law, regardless of who is responsible for compelling the production or testimony, you will be responsible for and shall pay the costs involved in producing the records and the hourly rate charged by the practitioner at the time of the request or service of the subpoena (current rate is \$350/hour) for the time involved in traveling to and from the testimony location, reviewing records and preparing to testify, waiting at the location, and giving testimony. Such payments are to be at date of appearance or prior to the time the services are rendered by the practitioner. Harmony Mental Health requires a deposit for anticipated court appearances and preparation. You will not be entitled to a pro-rated refund. Additionally, if Harmony Mental Health receives a request for your records from an outside agency such as an attorney or insurance provider, we will charge \$.75 per printed page plus any postage cost. A \$10.00 charge will be applied should the agency require retrieval service. Harmony Mental Health requires payment for documentation preparation and submission within 30 days.