



Financial/ Insurance Consent for Treatment

It is our goal to make your experience here an informed and positive one. Please review and complete the following information. If you have any questions, please feel free to discuss them with us.

It is the responsibility of all clients of DBD Counseling Services to be aware of all fees due for services rendered under private pay or through health insurance. Payments are due at the **beginning** of each session. We cannot continue to schedule sessions if payments have not been made on prior sessions. There will be a \$30.00 service charge on returned checks (NSF). _____ **Client Initials**

Counseling Rates for Private Pay (per 50-minute session):

Individual Counseling	\$150.00
Couples Counseling	\$150.00
Family Counseling	\$175.00
Psychological Evaluation	\$100.00 - \$150.00
Court Appearances	\$150.00
Missed Appointment Fee	\$50.00
Counseling Letters	\$60.00

Health Insurance Coverage

Please provide a copy of your medical insurance card(s) prior to your intake session. As a courtesy, **DBD Counseling Services will verify your benefits with your insurance company. However, this is not a guarantee of payment. If prior authorization or approval is needed for mental health services, it is the clients' responsibility to contact the insurance agency.** It is also your responsibility to understand your coverage, including co-pays, co-insurance, and deductibles. This includes understanding which services are covered and what are not covered. It is also your responsibility to let us know if there is a change in your insurance coverage or changes in employment. We will be glad to file your insurance for you. You are responsible for your deductibles and co-payments. _____ **Client Initials**

Financial Responsibilities

You are responsible for payment of fees (co-pays, co-insurance, deductibles, non-covered services) for DBD Counseling Services. If we provide services that are not covered by your medical insurance or EAP, you are responsible for the payment of these services. Payment of fees are due prior to the start of a counseling session.

_____ **Client Initials**

The person who signs below is agreeing to be the “financial guarantor,” which means this person agrees to pay any of these fees. If we determine there is a balance on your account (ex. Session fees, Missed Appointment, Returned Check, etc.), we will send you a statement. We ask that you resolve your outstanding balance within 30 days. If the fees are not paid in 30 days, we will send your account to a collection agency where you will be responsible for all collection fees, court costs, and legal fees. __ **Client Initials**

Cancellations and Missed Appointments

DBD Counseling Services require 48 hour notice (24 hour in case of an emergency) for cancellations and reschedules so that your appointment time could be available for another client in need. If you do not cancel or reschedule 24 hours before an appointment, a fee of \$50.00 will be assessed to your account. Clients are responsible for all cancellation/no-show fees. Insurance companies will not reimburse for missed appointments. Fees **MUST** be paid before your next session is scheduled. _____ **Client Initials**