



Financial Policy

The staff at Metis Counseling are committed to providing caring and professional mental health care to our clients. As part of the delivery of mental health services, we have established a financial policy that provides payment policies and options to all consumers. The financial policy of Metis Counseling is designed to clarify the payment policies as determined by the management of the clinic.

Client name(s): _____

Bill to: Person responsible for payment of account: _____

Payment is due at time of service. Please note that a fee of \$25 is charged for missed appointments or cancellations with less than 24 hours' notice.

PART ONE FEES FOR PROFESSIONAL SERVICES (SELF PAY CLIENTS ONLY)

_____ Individual therapy: I agree to pay Metis Counseling, a rate of \$90 for initial session and \$80 for each session thereafter.

_____ Family therapy: I agree to pay Metis Counseling a rate of \$100 for initial session and \$90 for each session thereafter.

PART TWO CLIENTS WITH INSURANCE (DEDUCTIBLE AND CO-PAYMENT AGREEMENT)

Metis Counseling has been informed by either you or your insurance company that your policy contains (but is not limited to) the following provisions for mental health services:

ESTIMATED INSURANCE BENEFITS

- 1) \$ _____ Deductible amount (paid by insured party)
- 2) Co-payment _____ % (\$ _____ / clinical unit) for first _____ visits.
- 3) Co-payment _____ % (\$ _____ / clinical unit) up to _____ visits.
- 4) The policy limit is _____ per year: _____ annual _____ calendar

We suggest you confirm these provisions with the insurance company. The Person Responsible for Payment of Account shall make payment for services that are not paid by your insurance policy, all co-payments, and deductibles. We will also attempt to verify these amounts with the insurance company.

Your insurance company may not pay for services that they do not consider to be medically or therapeutically necessary, or ineligible (not covered by your policy, or the policy has expired or is not in effect for you or other people receiving services). If the insurance company does not pay the estimated amount, you are responsible for the balance. The amounts charged for professional services are explained in Part One above.

I (we) have read, understand, and agree with the provisions of the Financial Policy.

Client/Guardian: _____ Date: _____ / _____ / _____

Witness: _____ Date: _____ / _____ / _____