



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. No shows may result in subsequent appointments being cancelled. Two no shows may result in client being discharged from services.

PLEASE SELECT PART ONE, TWO OR THREE

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

_____ Individual therapy: I agree to pay Metis Counseling, \$110 a rate of for initial session and \$100 for each session thereafter.

_____ Family therapy: I agree to pay Metis Counseling a rate of \$120 for initial session and \$110 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 _____ Deductible amount _____ Co-pay (or co-insurance)

We suggest you confirm these provisions with the insurance company by phone or website. 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. If the insurance company does not pay the estimated amount, you are responsible for the balance.

PART 3: EMPLOYEE ASSISTANCE PROGRAM

Name of employer and employee (if different than client) _____

Name of EAP Plan _____ Authorization # _____ # of sessions _____

Additional fees for non-therapy services: Writing letters for court or others \$40-\$50. Filling out forms filled out outside of a counseling session \$50.

Going to court/Legal Fees: The minimum charge for a court appearance is \$1500. A \$1500 retainer is due in advance. If a subpoena is served in less than 7 days, a \$300 express charge will be added. If the case is reset within 48 hours of the original date, a \$250 charge will be added. Depositions will be charged \$300 per hour, along with mileage \$.58/mile.

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

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