



PAYMENT AND INSURANCE AGREEMENT

INSURANCE

We participate with most local insurance plans and will provide services within their fee schedule. Your Health Insurance, however, is a contract between yourself and your insurance company. You are ultimately responsible for the payment of your bill. We cannot change or waive your insurance payment contract.

We will submit claims on your behalf to your insurance carrier as a courtesy. If we do not participate with your carrier, you will need to pay in full at the time of service and be reimbursed by your insurance company by submitting the appropriate documentation required for your reimbursement.

Insurance cards and relevant billing information must be presented for submission of claims. We require both a copy of your insurance card and an identification card or driver's license, and will require your date of birth and social security number, as this standard protocol for medical practices in the State of Michigan. We may also ask for the date of birth and SSN for the person with whom you are covered by insurance. This is also needed for billing purposes and reimbursement for services rendered.

FEE SCHEDULE

- Diagnostic & Evaluation Session (first visit) \$250.00
- Regular office visits (45-50 minutes of individual Therapy) \$165.00
- Family and Couples Sessions (45-50 minutes) \$180.00 (90 minutes) \$230.00
- Outside Office Work (Inpatient visits, court, collaborative law services) \$300.00/hour
Fees begin at this amount and can go upward to \$600/hr depending upon service.
- Letters/reports (insurance companies, supervisors, etc) \$15-\$150.00 per report
- Returned check fee \$35.00
- No-show fee (missing an appointment without notifying the office prior) \$85
- A reasonable fee will be charged for copies of any records requested by client

PAYMENT AGREEMENT

Donarski Center for Mental Health Counseling, LLC will bill your insurance agency for payment they cover per your contract with them. You are responsible for all deductibles, copays, and coinsurance per your insurance contract. You are responsible for knowing your insurance coverage/contract prior to your visit. Any outstanding balances following insurance payment for services rendered are your responsibility.

All Copays, Co insurances, Deductibles, and Non-Covered Benefits are due the day service is provided. If you are uncertain of your payment on the date of service, we will aid you the best we can. Any overpayments will be returned to you. Any past due DCMHC account billings will be paid first by any overpayments. DCMHC also offers sliding scale for cash payments. This will require a 1099 and/or W-4.

You may request a payment plan. This will require other information such as banking, credit card, and/or other forms for regular payment. Clients may have a credit card recurring payment authorization when there is a balance on the account. We can have a credit card on file in order to maintain current status on the account.



DCMHC cannot waive CoPays, Co-Insurances or Deductibles. Doing so would be a breach of contract between you and your insurance carrier. It is your responsibility to know and understand the provisions for co-pays and deductibles as well as non-covered items, as this is a contract between you and your insurance carrier.

Account Statements will detail the amount owed by you after your insurance has processed the claim. Accounts not paid in full within 30 days of your date of invoice/statement, will be considered delinquent and will be assessed a \$10.00 late fee each month they are not paid in full.

In the event your account becomes 60 days past due We may call and remind you of your financial obligation. If you have questions regarding your statement, you should direct them to the billing department for clarification. We will work with you to pay off your financial obligation.

In the event your account becomes 90 days past due we reserve the right to refer your account to Small Claims Court, begin garnishment, or utilize collection services where you will be responsible for all collection, mailing, small claims, service, and legal fees accrued.

By signing this document, you agree to not place any of your DCMHC financial obligations into bankruptcy, chapter 7, 11, 13, or any other form of not being responsible for your services rendered.

Your mental health care is very important to us, and your compliance with your financial responsibilities are appreciated. Please understand that our financial staff at the billing office are always happy to work with you. The counselors do not get involved in client accounts (other than to accept payments at the time of service if needed) so as to keep their focus on client care. Please respect this policy. If a payment plan is needed, or you need to speak with someone regarding payment, please call the front office at (269)-982-3832.

All copays are due at the time of visit. I agree to be responsible for the full payment of fees for services rendered regardless of whether insurance reimbursement will be sought. I agree to honor contractual agreements made with those managed health care companies which stipulate specific reimbursement restrictions.

I hereby consent to treatment by a specified provider. Although the chances for obtaining your goals for therapy will best be met by adhering to therapeutic suggestions, I understand that I have a right to discontinue or refuse treatment at any time. I understand that I am responsible; however, for any balance prior to a decision to stop.

I hereby authorize the release of necessary medical information for insurance reimbursement purposes. Furthermore, I authorize the payment of medical benefits to the Donarski Center for Mental Health Counseling. LLC/ Edwin R. Vergara MA, LPC (provider services).

I understand the above statements regarding insurance, fees, and payments and agree with them.

I authorize the payment of medical benefit to the provider of services DCMHC