

PAYMENT AND INSURANCE

INSURANCE

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

We will submit claims on your behalf to the 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 or the child's insurance card and your identification card or driver's license, and will require your date of birth and social security number as well as the child's date of birth, as this is standard protocol for medical practices in the State of Michigan. 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, etc.) \$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 the insurance carrier 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 the child's 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 a 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 the 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 the insurance carrier.

Account Statements will detail the amount owed by you after insurance has processed the claim. Accounts not paid in full within 30 days of the 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 the child's account becomes 60 days past due, we may call and remind you of your financial obligation. If you have questions regarding the 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 the child's account becomes 90 days past due, we reserve the right to refer the 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.

The child's 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. By signing this document, you agree to be responsible for the full payment of fees for services rendered regardless of whether insurance reimbursement will be sought. You agree to honor contractual agreements made with those managed health care companies which stipulate specific reimbursement restrictions.

By signing, you agree to the following statement: I understand the above statements regarding insurance, fees, and payments and agree with them.