Lutheran Family Service

For Nothing is Impossible with God

CLIENT FEE AGREEMENT

Please notify your therapist or office Support Staff of any changes to your insurance, address, or phone number.

For Clients Utilizing Insurance:
We are in-network providers for most major insurance companies. As a courtesy to you, we work directly with your insurance company. Verification of coverage is not a guarantee of claim payment. It remains your responsibility to understand your plan's limitations, deductibles and exclusions. For benefit coverage questions, please call the customer/member service number on the back of your insurance card. We have no authority to make specific representations to you regarding coverage of services. It is your responsibility to provide us with updated information when your insurance policy changes or your coverage terminates.

If the insurance information you provide to us is later determined to be inaccurate, resulting in denial of your claim, then you will be responsible for paying the amount of the denied claim. If you attend any appointment without verification of your current insurance coverage, you are responsible to pay the private pay fee for services at the time of your visit ($175 for the first session and $150 per session thereafter). There may be instances in which you will need to communicate directly with your insurance company to ensure a smooth billing process.

ACCOUNT RESPONSIBILITY
Per your agreement with your insurance company, it remains your responsibility to immediately pay any copayments, deductibles, coinsurances or other amounts your insurance carrier determines as payable by you. This payment is to be collected by the receptionist or your therapist. We do not have the ability to waive copayments, deductibles, or coinsurance amounts due, as this is a violation of the contract we have with your insurance company.

Cost estimation tools provided by your insurance company allow the collection of coinsurance and deductible amounts up front at the time of service, rather than waiting until after the claim is processed. This collected payment is based on an ***estimate*** of your out-of-pocket costs for services provided. Actual coverage and member liability amounts are determined once the claim is processed and you receive an explanation of benefits (EOB). Any overpayments will be applied to ongoing balances or refunded within 30 days of claim processing. Any underpayments must be paid by mail or at your next scheduled appointment.

Your co-pay for each session is: $ _____

Your initials here indicate that you have read and understand payment policies: _____

Sliding Fee Scale Clients:
For clients paying cash utilizing our Sliding Fee Scale, payment is due at the time of service. Failing to pay for your session at the time of service will result in not scheduling another session until payment in full is made. Our standard fee is $150.00 per 50-minute therapy session. LFS is able to offer a sliding scale because of the generous support of the Lutheran Church-Missouri Synod congregations and individuals in Iowa. The amount you pay will depend on the level of your gross annual income and the number of persons living on that income.

A $25.00 fee in addition to your sliding scale fee is assessed for your initial session, which covers the initial ***Intake Staffing***, as mentioned in the client service agreement. **The time scheduled with your counselor is reserved for you. If you need to cancel, please give 24 hour notice or you will be charged a rate of $50 for that session.**

Your fee for each session is: $ _____ Fee for missed session is: $50.00

Your initials here indicate that you have read and understand payment policies: _____

All Clients:
To ensure proper credit, please make checks payable to Lutheran Family Service. There will be a $20 fee for returned checks. Thereafter, payment will only be accepted in the form of cash, credit card or money order. You are responsible for charges not eligible and/or covered by your medical insurance plan.

If a Lutheran Family Service Therapist, by court order or by subpoena, is called to testify before any court, arbitrator, or other hearing officer to testify at a deposition, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, (including but not limited to: travel, necessary expenditures (copies, parking, meals, and the like), time spent speaking with attorneys, reviewing records and preparation of reports @ the rate of $150.00 per hour, rounded to the nearest half hour. The fee of $25 to copy the client's record plus $1 per page will also be billed to the requesting client. In addition, the client's account must be in good standing, and at a $0 balance in order to request records or legal services.

Should you default on any payment obligations, we reserve the right to forward your information to collections, and an additional 30% may be assessed to cover the costs of this action. We are not obligated to provide continuing services in the event that Lutheran Family Service is named as a creditor in any bankruptcy filing.

My signature below authorizes the release of any medical or other information necessary to process this claim, payment of benefits to Lutheran Family Service for services and the release of medical billing data.

I have read fully, understand and agree to abide by the above LFS policies and guidelines. I also understand that I will be provided with a copy of this document at my request for my records.

_____ _____

Client Signature Date

_____ _____

Therapist Signature Date