

Financial Agreement



-Fee Schedule: The standard fee is **\$200.00** for a 55-minute therapy session (billing code 90837/90847/90846) and **\$250.00** for a 60-minute initial assessment session (billing code 90791). All fees for services rendered (including copays) are **due at the time of service**. Payment can be made by cash, credit card, debit card, Health Savings Accounts or personal check (there will be a \$30 additional service charge on any returned checks).

*In accordance with the *No Surprises Act (2022)* an additional “Good Faith Estimate” may be provided upon request.

-Missed Appointment and Late Cancellation Fee: A **\$50 fee** will be charged for missed appointments and cancellations made without **at least 24 hours prior notice**. Fees will be the Client and/or Responsible Party’s full responsibility and will not be billed to any third party such as insurance or clergy. Cottonwood Creek Counseling may provide reminder calls and/or emails as a courtesy; however it is the sole responsibility of the Client and/or Responsible Party to keep track of and attend all scheduled therapy appointments.

-Insurance: It is the responsibility of the Client and/or Responsible Party to work with their insurance company to confirm 1) in/out of network benefits, 2) needed authorizations, 3) copays, 4) deductibles, 5) number of allowed visits, and 6) exclusions. Cottonwood Creek Counseling will submit billing directly to your insurance and communicate with them as a courtesy to help utilize your benefits. We will communicate with you any remaining patient responsibilities after receiving payment and an explanation of benefits from your insurance.

-Other Third-Party Billing: Cottonwood Creek Counseling will communicate with other third-party billing such as Clergy, Government, and Employee Assistance as a courtesy; however, it is the responsibility of the Client and/or Responsible Party to work with outside agencies to confirm payment arrangements have been approved and prompt payments are made.

-Denial of Coverage from Insurance or Third-Party Billing: The Client and/or Responsible Party assume full responsibility for any denial of coverage from any third-party billing or insurance. All payment for the patient responsibility amount or unpaid/denied amounts are to be paid by the Client and/or Responsible Party within 15 days of notification of non-coverage.

-Non-Payment on Account: Should the Client have a delinquent account, a \$30.00 late fee will be added to your bill every additional 30 days the bill is unpaid. The Client and/or Responsible Party understands that Cottonwood Creek Counseling has the right to pursue legal action and disclose to an attorney or outside collection agency all relevant personal and account information necessary to collect payment for services and applicable fees. In addition, the Client and/or Responsible Party understand that they are responsible for all additional costs of collection on the delinquent account.

- Terms and Conditions: If there is any default or breach hereof and any legal action is necessary to enforce the terms of this agreement, the Client and/or Responsible Party agrees to pay Cottonwood Creek Counseling’s reasonable attorney’s fees and court costs in addition to any other relief to which it may be entitled if client fails to pay any amounts owing hereunder when due, or otherwise breaches any terms of this Agreement. Client and/or Responsible Party also agrees to pay for collection expenses incurred in attempting to collect such amounts from Client.

Your signature below indicates that you have read the Financial Agreement and forms a binding contract with Cottonwood Creek Counseling that you will be financially responsible for payment of any and all charges relating to counseling services and applicable fees as indicated above.

Print Name of Client or Responsible Party

Signature of Client or Responsible Party

Date