

## AGREEMENT AND INFORMATION

We would like to welcome you to our office. Please review this Agreement and Information sheet to assist you in understanding our office policies. Our therapists are private practitioners. NKGS acts as their agent for the purposes of billing and collection. As their agent NKGS follows the procedures described below.

Our rate for a full session, lasting 38 to 52 minutes is \$135.00, 53 to 60 minutes is \$160.00, with the initial session \$200.00.

If you have insurance coverage, you are responsible for any co-pay and securing authorization as needed. (Non-authorized sessions are billable to the client.) Our office maintains a cancellation list of clients who are waiting for appointment times to become available. To accommodate waiting clients, we will need 24 hour notice of any cancellations of appointment times. If this notice is not given, a full charge will be made. Please note that insurances do not pay for missed appointments. If you need to cancel an appointment over a weekend, please call our office and leave a message on our answering machine. Calls that are emergency in nature should be made to our answering service at 242-4932. Evening and weekend calls that are not considered emergencies by the therapist will be billed to the client as well as any non-emergency calls during business hours that last more than five minutes.

We are happy to bill your insurance company for you. *We do however, want you to understand that you are ultimately responsible for all charges incurred at North Kent Guidance Services. We cannot be responsible for changes in coverage, deductibles or loss of insurance coverage.* It is your responsibility to verify coverage and get authorization when needed. If you have any questions, we will be happy to help. Please also know that any required psychological testing will be an additional fee to the therapy session.

Unless you request otherwise, please be aware that we may be contacting you by mail after discharge for follow-up purposes.

We also ask that you pay for all copays and deductible amounts at the time of service. If you feel that you need a special payment plan arranged, please work this out with your therapist at the first session. Accounts running 60 days with no payment will be charged a \$10.00 statement fee.

It is sometimes necessary to send delinquent accounts to either our attorney or collection agency for collection. Any costs incurred in this process will be passed on to you. We also have a \$20.00 charge for any check returned from the bank unpaid.

We hope that your contact with our office is a pleasant one. If you have any questions, please feel free to discuss them with us.

By signing this agreement, you are acknowledging that you have read and understand the agreement and are willing to agree to its terms. Your signature also indicates that you have been given both your recipient rights and a copy of the Michigan Notice of Privacy Practices (HIPAA).

X

\_\_\_\_\_  
SIGNATURE - (client, parent or guardian)

\_\_\_\_\_  
DATE

I authorize the release of any medical information necessary to process my insurance claim.

X

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I authorize payment of medical benefits to my therapist at North Kent Guidance Services.

X

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
THERAPIST'S SIGNATURE

\_\_\_\_\_  
DATE