



Financial Procedures and Agreement

Obtaining assistance through the therapy process can be difficult, but a personally fulfilling experience. In order to help eliminate any misunderstandings with regard to your financial responsibilities, the following policies and procedures will be adhered to.

Psychological Services and Costs – (A) the charge for an initial Diagnostic Interview is \$175; (B) the charge for a 60 minute therapy session is \$160; 45 minute therapy session is \$120; the 30 minute charge is \$80.00. These charges remain the same whether the treatment is on an individual, couple, or family basis. (C) Psychological testing will be billed at \$175 per hour. This testing process usually requires 3-5 hours – plus, write up time – and consists of intellectual, personality, and achievement tests. Such testing is not done routinely but when the treatment process requires it. (D) Court consultation or appearance is billed at \$175 per hour, with a \$350 or 2 hour minimum. Letters or documentation to the court are billed at \$120/hour in 30 minute increments.

Billing Procedures – (1) If insurance coverage is available for your therapy/evaluation, the subscriber is required to assign insurance benefits to Family Guidance Centers (FGC). Each responsible party is required to complete the patient information form with accurate and complete information. Failure to provide current and accurate information may result in reimbursement denial by your insurance company. As a service to our clients, we will assist you in completing and filing the insurance claims. Further, a monthly statement will be forwarded to you. (2) Most insurance plans call for a deductible and then will typically pay a percentage of the costs thereafter. **EACH CLIENT IS REQUIRED TO FULFILL THE DEDUCTIBLE AND THEN PAY THE REMAINING PERCENTAGE ON A SESSION BY SESSION BASIS. ANY OTHER ARRANGEMENTS MUST BE NEGOTIATED AT THE TIME TREATMENT HAS BEGUN.** (3) For insurance plans requiring pre-authorization, each client is responsible for contacting your insurance company to obtain authorization for treatment. Otherwise FGC will hold you responsible for professional services provided. (4) For non-emergencies, appointments which are canceled or not kept by the client without a 24 hour notice will be charged to the client at \$75 per appointment hour. Such charges will not be billed to the insurance company. Therapists may elect to terminate treatment for failure to attend scheduled appointments.

Delinquent Accounts – Every effort will be made to obtain reimbursement through your insurance plan. However, it remains your full legal responsibility to assume the financial obligations for our bill should the insurance company deny any part of the claims for services rendered. Accounts are considered past due if no payments have been made for 30 days. After a 90 day absence of payment, the account is delinquent and will be forwarded for collections. Should it be necessary to resort to a collection agency and/or attorney for collection of your account, you agree to pay the standard collection fee of 30% of the past due amount and any court cost incurred in addition to the amount owed.

I have read and agree to the financial responsibilities for entering into counseling with FGC. Your signature below authorizes release of medical information necessary to file your insurance claim(s) and to assign benefits to FGC.

SSN (Last 4 Digits Only): _____

Client Signature

SSN (Last 4 Digits Only): _____

Parent or Guardian Signature

Chesterfield Office
6603 Irongate Square
North Chesterfield, VA. 23234
804-743-0960 OFFICE
804-743-1175 FAX

Powhatan Office
2164 Plainview Center
Powhatan, VA. 23139
804-598-5300 OFFICE
804-598-5511 FAX

Midlothian Office
831 Grove Road, Suite C
Midlothian, VA 23114
804-794-6600 OFFICE
804-794-6606 FAX

FamilyGuidanceCenters.com