



4545 Bellaire Dr. S. #6
Fort Worth, 76109
817-657-1115

Client Financial Contract

Sessions and Fees:

This contract outlines Counseling by Penny Haight and her associates' financial and business policies. Payment is expected at the time of each session in the form of cash, check, or credit card. All sessions are 53 to 60 minutes in length. The fee for sessions with a Licensed Professional Counselor is \$150.00.

The professional services of Counseling by Penny Haight, Taff Wennik, Ricardo Contreras, Malissa Otunba, and Melissa Martinez are covered by insurance companies that we are credentialed with. All therapists are credentialed with Blue Cross Blue Shield of Texas. Penny, Taff, and Ricardo are also credentialed with Aetna.

Many insurance policies, particularly self-funded policies, outsource their mental health to other companies where we are considered out of network. When we call to obtain your benefits, this information is not always revealed, and the insurance company gives a disclaimer that "the quote of benefits is not a promise to pay." As such when we give you the quote of your benefits, it is not a guarantee of what the insurance company will pay. After your claim is filed, the Explanation of Benefits will determine patient financial responsibility. You are financially responsible for what is not covered by your insurance company including any designated co-payments and/or deductibles or the full payment if your insurance company does not pay the claim

Returned Checks/Credit Card:

Returned checks that are written or declined card transactions, submitted to Counseling by Penny or any of her associates, will result in a \$40 NSF charge.

We request a credit or debit card be placed on file for clients receiving counseling services. Your financial information is stored in QuickBooks and is secured more so than in a locked filing cabinet.

No Show or Cancellation without 24-hour notice

We request a credit or debit card be placed on file. We'll obtain the cancellation fee of \$150.00, the price of a session, as we can not file insurance on a no show. Counseling by Penny reserves your appointment for you and your counselor prepares for your session. Most of our counselors have waiting lists and could fill your appointment slot if you notified us 24 hours in advance. We understand there are emergencies and you are allowed one emergency. Our system sends a reminder by email 5 days prior to session and a text the night before to confirm the appointment. If you need to cancel the appointment, just cancel the appointment when the reminder is sent.

Counseling by Penny is required to give you 24-hour notice if a counselor needs to cancel your session. Your next session will be free if this occurs. Your counselor is allowed one emergency as well.

Insurance

There are times when we are unable to verify benefits with your insurance company due to various reasons, usually because the insurance company benefits system is down, or we are caught in a loop of recordings. When this occurs, we ask that you pay the entire fee of the claim which is dependent on the insurance carrier. If your insurance carrier pays the claim, we will refund your payment.

Counseling by Penny will file claims on your behalf to the primary, in-network insurance carrier you provide. If your insurance is out of network, we will supply you the documentation to file the claim.

Please understand that you are ultimately responsible for any counseling fees not covered by your insurance carrier. Co-pays and any non-covered services are payable at the time of service. You will be billed for non-covered sessions. Assessments, such as the Gottman Marriage Checkup, will not be filed with your insurance company and are your responsibility.

Assignment of Insurance Benefits:

In consideration of services provided by Counseling by Penny Haight and associates, I hereby assign and transfer to Counseling By Penny Haight and any of her associates any and all rights, which I have against insurance companies, governmental agencies, or third party payers, for payment of charges for services provided by Counseling by Penny Haight or any of her associates to me or to one of my dependents. I authorize payment of all insurance benefits to be made directly to Counseling by Penny or any of her associates for services provided to me.

I UNDERSTAND THAT CERTAIN INFORMATION MAY BE REQUIRED BY THIRD PARTY SOURCES FOR THE PURPOSE OF TREATMENT PAYMENT (INCLUDING COLLECTIONS OF PAST DUE ACCOUNTS) AND HEALTH CARE OPERATIONS. I HEREBY CONSENT TO COUNSELING BY PENNY HAIGHT RELEASING MY HEALTH INFORMATION FOR THE PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS. I HEREBY ASSIGN TO THE PRACTICE ALL BENEFITS/PAYMENTS NOT COVERED BY MYSELF AND/OR MY DEPENDENTS. I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL AMOUNTS NOT COVERED BY MY INSURANCE.

Financial Contract Agreement

MY SIGNATURE BELOW ALSO ACKNOWLEDGES THAT I HAVE READ AND AGREE TO THE CLIENT FINANCIAL CONTRACT.

Client's Printed Name: _____

Client's Signature: _____ Date: _____

Guardian's Printed Name: _____

Guardian's Signature: _____ Date: _____