Trauma Specialists of Maryland LLC

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FINANCIAL POLICY

Basic Policy: All payments for service are due in full at the time service is provided. A credit card must be kept on file and entered prior to the first session. Clients will be enrolled in auto-pay to charge the credit card on file. Arrangements to disenroll from auto-pay must be made with the therapist. Cash or check will be accepted for payment in person. The credit card on file will be charged after each visit for the full session fee if you are a self pay client, or for the copay, co-insurance, deductible, or cancellation fee if you are a client utilizing insurance benefits. For clients using insurance benefits, the card will also be charged automatically anytime an insurance payment reflects a variance in what was originally charged.

Session Rates and Fees: The fee per session for most of our therapists is $160 initial, $150 family, $145 individual. The same rates apply for full Neurofeedback sessions, with the exception that a 30 minute Neurofeedback session is $120. Group sessions will be charged at $40 per session, unless otherwise indicated (such as trauma informed yoga groups). Fees for LGPCs, or LMSWs will be $150 initial, $140 family, $135 individual. The fee for services provided by master's level clinical interns are $30 per individual session, unless otherwise specified for specific services such as Alpha Stim Clinic or certain groups. Fees for Rachel Harrison, LCPC, are as follows: $180 initial, $160 family, $165 individual. The same fees for additional services apply with the hourly rate being $155.
Fees will increase by $5 each year on January 1st, and other fee increases may be possible due to changes in service structure, etc.

A discount of $10 to the full session fee will be provided when payment is made at the time of service for self-pay clients.

Additional fees apply to contact outside of the scheduled appointment as follows: Phone call longer than 10 minutes: $2/per minute, Email contact taking longer than 5 minutes, $10/per email, Consultation with other professionals: prorated at $135/per hour, Creating reports or providing documents to other organizations: $135/per hour plus $0.10 per copy. Subpoenas or requests for therapists to attend court will be billed at a rate of $300 per hour. A flat fee of $4000 will be required should the therapist need to seek legal counsel for any requested legal matters.

Payment for Services Rendered: Appointments not cancelled or rescheduled within 24 hours are subject to a charge of the full session fee. Charges not paid within 30 days will be charged a late fee of $25 per occurrence. If you experience circumstances beyond your control, please call and payment arrangements can be made. All balances that reach 90 days past due will be sent to a collection agency. Should your account be sent to a collection agency, you would be financially responsible for all collection fees and legal fees incurred through the process utilized to collect the outstanding delinquent balance. A $25 fee will be charged for any returned check. If two checks are

returned for insufficient funds, thereafter only cash, a money order or a credit card enrolled in autopay will be accepted for payment.

Payment for Services Rendered:

By signing below, I/We hereby agree to pay full fee per counseling session. **I/We understand that the full fee for 30, 45 or 55 minute counseling sessions is due at the time services are rendered.** If I/we need to cancel or reschedule an appointment, I/we will contact the above listed phone number at least 24 hours in advance (or by Friday for a Monday appointment) or send an email directly to the therapist. **Failure to give 24-hour notice will result in a full fee session charge**, except in cases of sudden illness or an emergency.

For Insurance Billing:

- You are responsible for getting proper referral information in advance of your appointment for out of network benefits.

- If you choose to use your insurance for out of network benefits, you may request a monthly record of sessions and payments to be included with your claim for reimbursement. Any reimbursements for these sessions is a matter solely between the client(s) and their insurance company. Trauma Specialists of Maryland, LLC has no responsibility regarding this reimbursement.

- If your provider is in network, you give your permission for Trauma Specialists of Maryland, LLC to disclose information to your insurance company for billing purposes.

- It is your responsibility to determine if Trauma Specialists of Maryland, LLC and your therapist is an in-network provider for you. All plans are different and if your sessions are not paid by your insurance company, you will be billed directly for any amounts owed.

- I am aware that insurance claims may take several months to process. My financial responsibility may change at that time if insurance processes my claims differently than initially quoted.

Account Overpayment and Credit:

When enrolled in autopay, you will be billed any additional fees once insurance payment has been allocated to the account. Should a future insurance payment result in a credit, or if there is a billing error, you may apply this credit to a future session fee or request a credit to the card on file. You may request a credit charge reversal within 90 days of the occurrence if the card is still on file. Charges requiring reversal beyond 90 days or if the original fee payment was made by cash or check will result in a check payment to the responsible party on the account.

Divorce Decrees:

Trauma Specialists of Maryland, LLC and/or any of its clinicians is not party to your divorce decree.

Adult and Minor Clients:

Adult clients are responsible for their bill at the time of service. The responsibility for minors rests with the parent or legal guardian.

I/We have read and fully understand the financial policy as set forth above by Trauma Specialists of Maryland, LLC and I/we agree to the terms of this financial policy. I/We also understand and agree that the terms of this financial policy may be amended by the provider at any time without prior notification to the client(s). **BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

Client name(s) relevant to this agreement:_____

Print name_____

Signature_____**Date**_____