

# **KILGORE SAMARITAN COUNSELING CENTER**

## **FINANCIAL POLICY & FEE AGREEMENT**

PLEASE READ CAREFULLY. IF YOU HAVE QUESTIONS PLEASE CONSULT YOUR THERAPIST

1. The Kilgore Samaritan Counseling Center operates on a cash basis and you, as our client, should be prepared to pay your contracted fee for services, or insurance co-payment, when you arrive for your session. Our fee is \$90.00 per session. You will receive an appropriate receipt for services. In some cases of financial hardship and clinical need, fees may be adjusted through application for a Kilgore Samaritan Scholarship. You may ask your therapist for an application.
2. The Center will file your primary insurance claims if you provide appropriate insurance information to the Office Manager. You are responsible for completing the insurance information form and providing the Office Manager with a copy of your insurance card. If the insurance claim is denied, you are responsible for payment for services.
3. Many insurance companies require prior authorization and/or referrals for our services. It is your responsibility to obtain a referral and to inform our staff when you need prior authorization. We will make every effort to help you obtain prior authorization, but please understand that you need to inform us of any change in your insurance coverage.
4. Telephone or correspondence with your therapist may be necessary during the counseling process. Your therapist may require payment for the time expended for those contacts.
5. If you are unable to keep a schedule appointment, please notify the office (897-5305) as soon as possible. If a 24 hour advance notice is not given, you will be charged \$40.00 for the missed appointment. Unforeseen emergencies will always be taken into consideration.
6. The Center accepts payments by cash, checks or credit / debit cards. Checks returned for insufficient funds will result in a \$30.00 charge. If two checks are returned, counseling will be on a cash only basis.
7. If for some reason your account becomes past due, the Office Manager will advise you, and payment will be expected within 15 days. While we would make every effort to work with you, if no response is received, accounts of \$25.00 and over may be processed through a collection agency.

**Thank you for choosing the Kilgore Samaritan Counseling Center. Your signature below attests that you have read and understand the fee agreement and that you have received a copy of this agreement.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

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