

Family Service Association of Greater Elgin Area

Client Fee Agreement

As a nonprofit community agency, Family Service Association has various sources of funding. These sources include United Way, local tax moneys, benefactors and State and Federal sources. However, this support does not cover the full cost of providing counseling services and therefore we must charge a fee for our services.

For your information, the following is our fee schedule and fee collection policy.

1. **Fees:** The agency fees are as follows:

Case Management	\$65.00 per hour
Client Centered Consultation Services	
Case Management Services	
Family and Community Support Services	
Therapy Services	\$120.00 per hour
Individual/Couple/Family/Group Counseling	
Mental Health Assessment	
Treatment Planning	
Fitness Restoration Services	
Psychiatric Services	\$240.00 per hour
Psychiatric Evaluation Services	
Medication Monitoring Services	

At the initial comprehensive assessment appointment, the therapist will review this fee policy with you.

2. **Fee Subsidy:** If you cannot afford the fee, you may qualify for a subsidized fee based on our client subsidy fee scale. Under these circumstances, the agency will ask you to provide further verification of your income and expenses. Your therapist will discuss with you our Fee Adjustment through our Consumer Credit Counseling Service.

3. **Cancellations:** If you must cancel an appointment please notify your therapist at the earliest possible time, but no later than 24 hours prior to your scheduled appointment. If the appointment is cancelled with less than 24-hour notice, the cancellation charge is \$25.00. You will automatically be charged the cancellation fee if you fail to keep an appointment without notifying the agency(except due to emergency situations). Any cancellation fees must be paid prior to attending your next appointment. If you cancel and/or fail to keep two appointments, services may be terminated.

4. **Payment:** Payment is expected at the time services are rendered, including the assessment session. Fees may be paid by cash or check. If fees are paid in cash, you are asked to have the exact amount. If a check is returned

due to insufficient funds, you will be required to pay in cash after the first such occurrence. On occasions where services are provided away from our offices, you will be billed on a monthly basis. Full payment is expected within 30 days. Please discuss any circumstances surrounding unpaid balances with your therapist.

5. Insurance:

Depending on your health insurance coverage, our agency may file a claim with your insurance carrier. You may be responsible for your “per session” payment regardless of what your insurance pays. You must make regular fee payments, per your fee agreement, regardless of what payments you expect from your insurance company. We will bill your insurance carrier at the full rate for the services you receive. Most insurance policies pay a percentage of our agency fee. If the amount paid by you, plus the amount received from your insurance company totals more than the full cost of service, a direct payment refund will be made to you. Family Service Association seeks only to collect the full cost of providing services.

If your third party benefits have been exhausted, your therapist will assist you in setting a sliding fee scale. This sliding fee scale will remain in place until your third party benefits resume, at which time the agency will begin billing your insurance carrier.

When our agency submits a claim to your insurance carrier, the following standard information will appear on the claim form: 1) Name and address of the insured and the name and address of the person receiving service. 2) Social security number, group and/or individual policy ID number. 3) Psychiatric diagnosis (DSM IV). 4) A list of appointment dates, services provided, and the fee charged for the service. This information will be available for filing with your insurance carrier for up to one year after our services are terminated. Any of the above information requested by your insurance carrier after this one year period will not be released until an updated consent form is signed by the recipient of services.

6. Annual Review:

It is the policy of this agency to review our subsidy structure, rates and fees on an annual basis. Changes resulting in fee review go into effect with minimally 60 days notice. This review may mean an adjustment in your fee. Anytime there will be a fee adjustment as a result of the review, you will be notified prior to the adjustment taking effect.

Any questions regarding the fee policy, or changes in your financial situation during the course of therapy, can and should be discussed with your assigned clinician.