

Policy and Procedures
Clinical Services
G-4 Title: Client Fees

Purpose: To determine a client’s ability to pay for therapeutic services offered by the agency.

Policy: As a nonprofit community agency, Family Service Association has various sources of funding. These sources include 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.

The fee is considered to be an integral part of the treatment process. It is our belief that a client’s willingness to accept the set fee and make timely payments reflects their understanding and valuation of the therapeutic process.

Fee setting procedures have been established to determine the client’s ability to pay the full cost of services. If clients are unable to pay the full cost of service they may apply for co-payment assistance. This may include the use of third party payments, such as private insurance, and Medicaid. Additional co-payment assistance is also available through the agency’s sliding fee/subsidy and is based on the number of people in the household and the family income. No one who is otherwise eligible for services will be denied them because of an inability to pay the full fee.

The fee/subsidy is determined after a discussion of the fee/subsidy between the client and professional staff. This discussion is an integral part of work with each client. The program supervisor has responsibility for implementing the fee policy within their respective programs.

Fees for services to organizations, institutions, business and industry are negotiated and are dependent on the type of service provided and the capacity of the organization to pay for the service. For publicly funded programs and purchase of service contracts, fees are charged in accordance with the provision of the contract.

At the time of the initial appointment, all clients must be given a copy of the client Fee Agreement.

Procedure:

1. Orientation to Fee Policy: The educational process regarding fees begins with the Intake Coordinator during the client’s initial call to the Agency.

Fees: The agency fees are as follows

Individual/couple/family counseling	\$175/hour or \$43.75/unit
Group counseling services	\$60/hour or \$15/unit
Psychiatric evaluation service	\$300/service
Medication monitoring service	\$300/hour or \$75/unit
Case management service	\$155/hour or \$38.75/unit
Community support service	\$155/hour or \$38.75/unit

2. Fee Setting: For clinical and logistical reasons, the fee should be set at the time of the assessment by the clinician using the following forms and instructions:
 - a. IM+CANS
 - b. Client Fee Agreement

- c. Sliding fee schedule for clients requiring a subsidy
- d. Health Insurance Claim form
- e. Release of Information to Payers
- f. Income Verification Form

Clients who need to access a sliding scale fee must document their Adjusted Gross Income by submitting their most recent 1040 form or two household pay stubs. For those receiving entitlement benefits, a copy of their award letter or their check or check stub, along with their identification card will be necessary. A copy of the Medicaid card will also need to be placed in the chart.

Using the Client Fee Agreement form and the application for sliding fee scale, the worker establishes with the client the method and amount of payment expected from all sources. The client signs the document and is given a copy of it; the original is placed in the client chart.

It is imperative that co-payments not be “routinely” waived for any class or group of clients. Third party payers require documentation that a waiver was based upon the unique financial situation of each client.

Waiver/adjustments will require supervisory approval.

3. Third Party Payments: the intake captures all third-party information.
4. Medicaid: The Medicaid information is recorded in the client chart and a copy of the Medicaid card is obtained. Medicaid information will be verified through the Medi-system.
5. Insurance: All clients with a subsidized fee are required to use their health insurance cover any portion of the cost of their services for which they have insurance coverage. Insurance reimbursement is a very important source of funds that helps make up the difference between the subsidized fee and the actual cost of the services received.

It is essential that Family Service Association of Greater Elgin Area file insurance claims for clients with subsidized fees. The client is responsible for the “per session” payment regardless of what the insurance pays. That is, the client must make regular fee payments, per the fee agreement, regardless of what payments are expected from the insurance company. Clients with a subsidized fee are to be instructed not to bill their insurance carrier. The Agency will bill the insurance carrier at the full fee rate for the services rendered. Most insurance policies pay a percentage of that fee. If the amount paid by the client, plus the amount received from the insurance company total more than the full cost of the service, the client is reimbursed the difference.

Insurance information is to be recorded on CIS. Copayment is determined by the health insurance company and should be set at time of initial services and collected at each service rendering.

If the client does not have third party benefits of any kind, this should be noted on the appropriate form as a self-pay.

6. Processing of Fee information: A copy of the Client Fee Agreement will be placed in the client's record. Intake Coordinator will alert the Billing Specialist if there is a special circumstance that needs additional attention.
7. Reassessment of Fees: The client's fee and financial status will be reviewed annually and/or if there is a change in income or household status. Staff would then follow the Fee Setting procedures cited above.
8. Collection of Fee Payments: Clients are expected to pay the co-payment fee per service at the time of the appointment/receipt of service. Continued cancellations will result in termination of service. If and when co-payments are not paid for three consecutive weeks, the agency may suspend service temporarily to enable the client to clear the debt before further service is rendered.
9. No Show/Late Cancel Fee: Clients are expected to cancel an appointment at the earliest possible time, but no later than 24 hours prior to scheduled appointment. If the appointment is cancelled with less than 24-hour notice, the cancellation charge is \$25.00. The account will automatically be charged the cancellation fee if the client fails to keep an appointment without notifying the agency (except due to emergency situations). Any cancellation fees must be paid prior to attending next appointment. If a client late cancels and/or fails to keep two appointments, services may be terminated.
10. Extenuating Circumstances: No client will be denied service in the case of an emergency. If the client presents as being a danger to him/herself or others, regardless of unpaid bills, the client will receive services.
11. The nominal fee charge for those with at or less than 100% at the Federal Poverty level is \$3.50.