



INDEPENDENT CONTRACTOR AFFILIATES FINANCIAL AGREEMENT & PERMISSION FOR TREATMENT

*****Full payment or insurance co-payment is required at each time of service.*****

FEES: ***We Accept: Cash, Credit Cards, or Personal Checks***

Initial Assessment by Therapist	\$130
Therapy Sessions (Depends on Length of Session)	\$100 -\$125
Initial Assessment by Medication Provider	\$200
Medication Management Services (MD, NP, or PA)	\$95
FEES NOT COVERED BY INSURANCE	
<i>RETURNED CHECK FEE</i>	\$40
<i>COPIES OF MEDICAL RECORDS</i> (paper or electronic)	\$20 + .50/page up to 50 pages then .25/page
<i>LATE CANCELLATION</i> (Cancellation less than 24hrs prior to scheduled appointment time.)	\$50
<i>NO SHOW</i> (Missing scheduled appointment without calling to notify provider.)	\$80
<i>DOCUMENT/PHONE CALL FEES</i>	\$25.00 - \$100.00
<i>COURT APPEARANCE FEES</i>	\$750.00 min (billed in 3hr increments)
<i>DELINQUENT ACCOUNTS</i>	1.5% per month (18% per annum) plus court costs & attorney fees

RESPONSIBLE PARTY: The patient is considered the **responsible party** unless there is a parent or other legal guardian in place for the patient. The responsible party, not the insurance company, is ultimately liable for the payment of services rendered. As a courtesy, Coastal Counseling Center (CCC) will file insurance claims on behalf of the patient for services rendered by either an employee or independent contractor affiliate. The copayment is only the estimated amount not paid by the insurance company and includes unpaid deductibles. Any outstanding balance that is not paid by the insurance company due to denied claims or lack of coverage will be billed to the responsible party.

NO SHOWS AND LATE CANCELLATION: Missed appointments and last minute cancellations affect the schedule of the clinicians and take an appointment from other clients in need. Our request is that you cancel your appointment 24 hours in advance so we can attempt to fill. Please call to leave a message on the voicemail as soon as you realize you are unable to attend.

DOCUMENT/PHONE CALL FEES: The patient will be billed for the provider's time should the patient request the provider to speak, meet, or correspond in any way with another person to include but not limited to an attorney, probation officer, CPS worker, physician, etc. The charge for letters must be paid in advance.

COURT APPEARANCE FEES: This fee applies if a provider or any staff is subpoenaed to testify and is payable in advance, regardless of whether we actually testify or appear in court. If we are required to be on call beyond the three hours for court appearances, an additional \$750.00 minimum fee will be incurred even if we must remain on call for one minute, one hour, or all three hours whether we testify or not.

DELINQUENT ACCOUNTS: Collection procedures will be initiated for all unpaid balances greater than 30 days past due. Your signature below certifies that you agree to waive all homestead deed exemption rights and pay court cost of all collections including actual attorney fees.

I attest that I understand and agree to the above provisions and conditions, and I hereby authorize Coastal Counseling Center, P.C. and/or my provider (Independent Contractor associated with CCC), to provide counseling, psychotherapy, and/or medical treatment, for myself or my child by those duly licensed in the Commonwealth of Virginia. I agree that CCC and/or my provider may release information pertaining to treatment to my insurance and authorize my insurance company to pay my benefits directly to CCC for services rendered.

Patient: _____ Responsible Party: _____ Date: _____