

**Building Blocks Counseling Services
General Policies**



Billing Policy

Your insurance company will be contacted to confirm benefits and your insurance company will be invoiced for services, per their requirement. The remainder of cost is your responsibility.

All current fees, balances and co-pays are due at the beginning of each session. If we are unsuccessful in receiving a final payment from you, a collection agency will take your account. If you have questions or problems with your invoice or insurance coverage, please let me know as quickly as possible. If you have a change of insurance, please let me know as soon as it changes.

Fees and Charges

The following rates are private pay rates. A list of insurance providers that I accept is available upon request.

Initial Assessment	\$225
Individual Counseling Session (50 min)	\$175
Couples or Family Counseling Session (50 min)	\$200
Group Therapy	\$45
Court or school report	\$55 (not billed to insurance-this will be your responsibility)

***Longer sessions are available for additional fee.

Appointment Reminders

As a courtesy, you may receive a reminder text about your upcoming appointment at a phone number that you provide. If you do not receive a text, the appointment is still your responsibility, however, notify me that you did not receive a text so that I can fix the situation for future appointments.

No Call/No Show Policy

I require a 24 hour notice for changing or cancelling your appointment so that I can offer your time to the next person on the wait list. Since this time could have benefitted another family, there will be a \$40 charge for all appointments missed without a text or phone call within 24 hours of your appointment time.

Payment Accepted

I accept case, check, credit and debit card. A returned check fee is \$40.

I, _____, have read the Building Blocks Counseling Services information above.

_____ I understand that I am ultimately responsible for all of my fees and charges.

_____ I will allow contact via text or phone # at _____ (phone number)

_____ I know that I will be charged \$40 for a no call/no show appointment

_____ I will be charged \$40 for a returned check

_____ I acknowledge that I have been given a copy of the Rights and Responsibilities form which includes HIPAA information

Client name _____

Signature (client or guardian) _____ Date _____