FINANCIAL POLICY

Tina C. Christian, LPC, NCC

RATES AS OF 07/15/2022

Initial Intake Assessment /	**$200.00**
Individual 30 minutes	**$75.00**
Individual 45 minutes	**$115.00**
Individual 53+ minutes	**$150.00**
Couples 53+ minutes	**$150.00**
Family 53+ minutes	**$150.00**
Crisis 60 minutes	**$175.00**
Smoking cessation counseling for symptomatic patient 3-10 minutes	**$25.00**
Smoking cessation counseling for symptomatic patient greater than 10 minutes	**$40.00**
Alcohol and/or substance abuse structured screening & brief intervention services; 15 to 30 minutes	**$75.00**
Alcohol and/or substance abuse structured screening & brief intervention services; greater than 30 minutes	**$115.00**
Alcohol and/or substance abuse structured screening & brief intervention services; greater than 45 minutes	**$150.00**
Alcohol and/or substance abuse structured screening & brief intervention services; 90 minutes	**$300.00**
Support Groups / Group Therapy	**$60.00**
Workshops	**varies**
Coaching Service 45 minute session	**$115.00**
Coaching Monthly - (5 sessions for the price of 3 sessions)	**$345.00**
Coaching Quarterly - (13 sessions for the price of 9 sessions)	**$1035.00**
Coaching Semi-Annual - (26 sessions for the price of 17 sessions)	**$1955.00**
Coaching Annual - (52 sessions for the price of 25 sessions)	**$2875.00**
ESA - First regular letter to either an airline, landlord or university	**$225.00**

Rates Effective 07/15/2022 - (Please note that rates are subject to change with a 30 day notice.)

Additional ESA letter to either an airline, landlord, or university	**$25.00**
1 Additional Pet	**$10.00**
2nd Additional Pet	**$20.00**
Verification Form if required by landlord or airline (per form)	**$25.00**

Telephone Consultations: 10 MINUTES	**FREE**
11-20 MINUTES	**$25.00**
21-30 MINUTES	**$35.00**

I understand that the acceptable payments are American Express, Discover, Health Savings Account, MasterCard, PayPal, and Visa.

I understand that the therapist is not in network with any insurance companies other than Medicaid and United Healthcare, so ALL services for individual with other insurance companies are strictly client pay services, which MAY be eligible for reimbursement by the my insurance company, based upon the insurance online counseling and or out of-network policy/coverage.

I understand that If I have a Preferred Provider Organization (PPO) Plan, I MAY be able to be reimbursed for out-of-network services, and that I will be given Superbill with required information to submit to my insurance company for reimbursement upon my request.

I understand that I may receive a percentage of the customary rate of counseling determined by my insurance company (minus my co-pay), reimbursed to me.

I understand that Health Maintenance Organization (HMO) plan clients will NOT receive any reimbursement from the insurance companies for out-of-network sessions.

I understand that the therapist cannot assume responsibility for interpreting my insurance policy or for my specific insurance coverage.

I understand that it is my responsibility to check with my insurance plan policy or contact my insurance company to confirm my online counseling and or out-of-network coverage (co-pays, fees, deductibles, and reimbursement eligibility).

I understand that all payments are due prior to service rendered.

I understand that all billing and administrative data is secured.

PRIVACY

I understand that for the purpose of the collection, use and disclosure of my personal information is for the provision of professional counseling, including supervision for the purposes of improving provision of such counseling services. Only my therapist and my therapist's supervisor have complete access to my records while they are in the therapist's custody. Administrative staff cannot access my therapy records, but may have access to general account information.

ALTERNATIVE METHODS OF PAYMENT

I understand that if I do not have insurance, don't have out-of-network insurance coverage, or if by chance I am in need of assistance and/or interested in receiving reduced face-to-face rates, I may inquire about enrolling with **Open Path Psychotherapy Collective** to apply to receive therapy at a steeply reduced rate, available through the program to individuals in need. I understand that Open Path allows my therapist to offer mental health care-sessions at a reduced rate of **$60 for individual sessions and $80 per session for family *to a limited number of clients.*** **OpenPath is not an available service for ESA service or coaching sessions .**

I understand that if I qualify, a sliding scale fee can be applied. **Sliding fee is not an available service for ESA service or coaching sessions.**

SLIDING FEE SCALE

1. No health insurance coverage for mental health outpatient services.
2. Medicare
3. Any insurance which will not pay mental health/out-of-network benefits.
4. Income (from employment, disability, or otherwise) below $30,000 per year.
5. Discharged from an in-patient psychiatric hospitalization or long-term medical care within the last 6 months.
6. Unemployed for at least 6 months or have never been employed.
7. Currently on some form of public assistance or social security/disability.
8. A single mother or father.
9. A full time student.

If qualified, the sliding scale fee will be determined prior to or during your initial assessment and will be based upon the criteria met above.

Should your financial situation change, your fee will be reassessed and it is your responsibility to notify us of any changes.

I understand that my signature below indicates my understanding of, and agreement with, the policies outlined above, and my agreement to pay my therapist/coach for services rendered.

INITIAL PHONE CONSULTATION

I understand that upon request, prior to scheduling an appointment, all potential clients are offered an initial phone consultation.

PHONE CONSULTATION/SESSIONS

I understand that live phone consultations are scheduled.

ELECTRONIC COMMUNICATION

I understand that some insurance carriers may not cover electronic communications at this time.

CANCELLATION POLICY

I understand that **I may still be responsible for paying my therapist/coach for missed or cancellations of a scheduled appointment with less than a 24 hours** notice unless it is due to illness or an emergency. Therapist/coach will make every effort to reschedule any properly scheduled sessions.

I understand that my insurance does not cover such charges.

I understand that if I fail to cancel a scheduled appointment, the therapist/coach cannot use this time for another client and I **may be billed for the entire cost of my missed appointment.**

Please note that with ESA letter service, you are paying to be assessed using client intake diagnostic and evaluation assessment, and counseling sessions with Tina C. Christian, LPC, NCC. Once you have completed the assessments and session(s) with Tina C. Christian, LPC, NCC, refund for services will *NOT* be warranted.

Patients Printed Name	
Financially Responsible Party	Signature Date