



Acknowledgements, Fee Schedule, and Cancellation Policy

Acknowledgements:

- I certify to the best of my knowledge that all the information provided to MBH Wellness Clinic and its employees is correct.
- I have received a copy, as well as read and understand my therapist's consent and treatment agreement.
- I have received a copy of privacy practices for MBH Wellness Clinic and I understand my rights under HIPAA regarding my protected health information.
- I understand that if my therapist has a reason to suspect harm of self or harm to others, that my therapist will contact the appropriate authorities to assure safety.

_____ Please initial here that you have read and understand the above acknowledgements.

Fee Schedule and Insurance Policy:

- I authorize insurance benefits to be paid directly to MBH Wellness Clinic.
- I understand my insurance company will be billed \$140 per 55-60 minute session.
- If I have a deductible, I understand that I will be charged \$140 (unless otherwise negotiated with my therapist) per 55-60 minute sessions out-of-pocket until the deductible has been met.
- Negotiated Pay Rate between this client and this therapist: \$_____
- I understand that most insurance companies pay for 55-60 minute sessions and I will be charged an additional \$35 (or 25% of negotiated rate) per 15 minutes over the allotted timeframe.
- I understand that my insurance company may not pay for the full amount of my treatment and I am responsible for all fees incurred regardless of insurance payment, such as copayments and deductible.
- I understand that my insurance company may require authorizations or other information prior to payment for services rendered and it is my responsibility to attend to those requirements, such as getting a pre-authorization letter from my primary care physician or psychiatrist.
- I understand if I decide to pay out of pocket I will be billed \$140 per 55-60 minute session (unless otherwise negotiated with my therapist for future sessions).

_____ Please initial here that you have read and understand the above fee schedule and insurance policy.



No Show and Late Cancellation Policy

- Should I cancel a session with 24 -48 hours’ notice in advance to therapist or office manager, I will be charged a cancellation fee of 50% for 50-60 mins session.
- Should I cancel a session with less than 24 hours’ notice in advance to therapist or office manager, I will be charged a cancellation fee of 100% for 50-60 mins session.
- I understand that a no-show appointment will result in a \$140 charge to my credit card on file.
- I understand that if I have a no-show or late cancellation balance on file, settling this amount will be necessary prior to setting another appointment.
- I understand if my therapist has a reason to suspect that I am a danger to myself or others and you do not show up for an appointment, that therapist will contact the authorities or your approved emergency contact.
- I understand that I may lose the privilege of holding a regularly scheduled session time if I no show or late cancel consistently in one calendar year or as outlined by your counselor.

_____ Please initial here that you have read and understand the above No Show and Late Cancellation policy.

Client or Guardian of Minor Client Printed Name

Client or Guardian of Minor Client Signature

Date

Therapist Printed Name

Therapist Signature

Date