**CCAA Financial Agreement**

We are committed to providing you with the best possible care. If you have health insurance, we want to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

**Form of Payment**

If you do not have health insurance or chose not to use it, payment for services is due at the time services are rendered unless specific payment arrangements have been made in advance with your therapist. We accept cash, checks, money orders, and payments on Visa, MasterCard or Discover.

**Receipt**

We will be happy to provide you with a receipt on a monthly basis. If you want a receipt at he time of service, please request this service from your therapist.

**Claim Forms**

If you have insurance, we will be happy to help you process your insurance claim for you. To do this, we need a completed and signed insurance claim form, at the first or second session, as required by your insurance company. We will need additional claim forms from you as frequently as your insurance company requires them.

**Assignment of Benefits**

As a service to you, we accept assignment of insurance benefits. This means that the insurance payment can come directly to us, instead of your paying the full amount at the time of the session, completing the appropriate insurance paperwork, and waiting for your insurance company to reimburse you. We can do this waiting and paperwork for you. Please understand that this process requires a substantial amount of accounting, bookkeeping and telephone interaction with your insurance company. We ask you to sign an assignment of benefits form which we supply or ask you to sign the appropriate line on your insurance claim form authorizing payment to be made to The Counseling Center.

**Usual Customary and Reasonable (UCR) Explained**

"UCR" is defined as "usual, customary and reasonable." Your insurance company decides what they think is a fair amount to consider for payment and they call this "UCR." Our fees are considered to be "UCR" by most insurance companies.

 Insurance companies never reveal to us as a provider what they consider to be "UCR."

Although from experience we may know the "UCR" rate for an insurance company, we cannot guarantee this in advance and you will be responsible for the difference between the agreed fee and what your insurance company decides to pay based on what they consider to be "UCR." Insurance companies generally pay only a percentage of the bill.

**Our Billing Practice and Co-Payment**

We bill all insurance companies $125 per session for all single sessions: family, group, individual or couple. Most insurance companies reimburse at a percentage based on the stipulations contained in your individual policy. We expect you to be responsible for the difference between the billed amount--$125--and the reimbursed amount. This amount is referred to as the co-payment.

**Deductible Explained**

The deductible is the initial amount of the billing your insurance company deducts from the bill we send them. They will not pay this amount. This deductible amount is widely variable and your therapist or the billing office can tell you this amount after we research your benefits. You are expected to pay the entire deductible. The deductible may have been met through medical services other than with The Counseling Center. There is no way we can know if you have met your deductible elsewhere, therefore we will charge you the deductible and will credit it to you when we have verification that you have paid it elsewhere.

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**Maximum Benefits**

Each insurance policy allows a maximum dollar amount per year and per lifetime to be reimbursed by them for outpatient psychotherapy. Once your maximum has been reached, your insurance company will not pay for any more of our services. If you wish to continue therapy, you will have to pay for the service yourself. We can tell you what these maximums are after we have researched your benefits.

**Returned Checks**

Returned checks will be subject to an additional collection fee of $35. Please understand that the returned check expenses are for fees and accounting.

**Delinquent Payments**

If you have a special payment agreement with your therapist for a payment plan, there may be times when you may get behind in payments, due to circumstances beyond your control. We understand this if there is open communication about it with your therapist. However, we reserve the right to charge you interest for balances older than 30 days at the rate of 1 1/2% of the outstanding balance per month. We use this only for those cases where clients are not showing a reasonable attempt to pay. If you are not showing a reasonable attempt to pay we reserve the right to use a collection agency, and/or claims court to gain payment. This would include informing the Credit Bureau of the delinquent account.

**Missed or Late Canceled Appointments**

If you miss an appointment without canceling or cancel an appointment with less than 24 hours advance notice, you will be expected to pay for the session. Charges for missed or late canceled sessions go to you directly and not to the insurance company because we cannot bill an insurance company for an appointment that didn't occur. Some therapists expect to be paid if you miss a session for any reason. This will be an arrangement with the individual therapist as described on his or her Consent to Treatment form.

**If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to consult your therapist or call the billing office directly. Also, we encourage you to call your insurance company with questions or concerns.**

**Financial Policy**

The Counseling Center of Ann Arbor billing office researches your insurance for you by telephone in advance of the first session to find out what your insurance will cover and what rules they have. We follow these rules to the letter. While we are then reasonably certain what your insurance will cover, this is not a guarantee of payment. You are responsible for payment in full for the cost of services rendered. You are encouraged to call your insurance company yourself to verify coverage.

As mental health care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to you, all charges for the services rendered are your responsibility

I have read and understand the above and agree to the principles mentioned. I agree to a co-payment of

$\_\_\_\_\_\_\_\_\_ per single session. I also agree to pay any amount considered "deductible" or sessions not covered by my insurance company.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

(Your signature here)

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_