West Bergen Mental Healthcare
| Where Health Comes to Mind

West Bergen Mental Healthcare
Fee Agreement

West Bergen Mental Healthcare is a private, not for profit organization. The Agency is dependent upon fees which are generated by the cost of treatment. There are some essential things to keep in mind regarding billing, payments and insurance reimbursements.

- Once a session is scheduled you will be expected to pay your fee at the time of service, unless you provide advance notice. It is important to note that insurance companies do not pay for cancelled sessions and an administrative fee will be charged if you do not cancel your appointment in accord with our cancellation policy. (See Attached Cancellation Policy).
- If we are <u>in-network</u> with your insurance company, your insurance company has already determined your co-payment which will be due at the time of each service. Please be aware of how many sessions your insurance company allows per calendar year and keep track of when your sessions will be running out so that we can assist in working with you concerning future payments.
- If we are <u>out-of-network</u> with your insurance provider, please note that your insurance company may/may not pay out-of-network benefits. If they do provide out-of-network benefits, your insurance company may pay an amount that is not the same as West Bergen's fee and you will be responsible for the additional unpaid balance.
- Your insurance provider may also require that you meet your annual deductible prior to initiating reimbursement. If that is the case, you will be responsible for payment of your fee in full until your deductible is met.
- For those eligible for financial assistance, a reduced fee is available. An application for assistance may be obtained through your therapist or the Front Desk/Reception areas.
- If you have qualified for a discounted rate please know that in order to keep this discounted rate your payment MUST be collected in full at every session and will not billed. Failure to pay this discounted rate at the time of service will result in being charged our full fee for that session.
- West Bergen Mental Healthcare is a participant in Medicare and Medicaid.

We ask that you pay your personal responsibility at the time of service. This will help us to contain administrative billing costs. We consider payment an important feature of motivation for treatment. Unless prior arrangements are made nonpayment of three (3) successive sessions may be considered grounds for termination of treatment.

I understand that I must notify my therapist with any changes in my insurance carrier or insurance coverage.

SEE BACK PAGE FOR SIGNATURE

I have read the above fee agreement and understand West Bergen's fee-related policies and procedures. I further understand that treatment will commence only when this agreement has been signed and executed.

____

Signature of Responsible Person for Payment of Services Rendered

____
Date

Address: ____________________________________
____
____
Home Phone: _________________________________
Cell Phone: __________________________________
Work Phone: _________________________________

Copy: Client Chart
O/forms/child and adult folder/welcome packet
Updated 2/24/09

Record of Fee Adjustment or New Fee

Please Circle:

- Adjusted or New Fee

Fee: $___________ Service: _______________Client Initials: ________Date: ________

- Adjusted or New Fee

Fee: $___________ Service: _______________Client Initials: ________Date: ________

- Adjusted or New Fee

Fee: $___________ Service: _______________Client Initials: ________Date: ________

- Adjusted or New Fee

Fee: $___________ Service: _______________Client Initials: ________Date: ________

- Adjusted or New Fee

Fee: $___________ Service: _______________Client Initials: ________Date: ________