

PRACTICE POLICIES

THERAPY SESSIONS AND PAYMENT POLICY

The standard meeting time for psychotherapy is 53 minutes unless otherwise agreed upon. Requests to change the 53-minute session need to be discussed with us for an appropriate time to be scheduled in advance.

Please present your insurance card and photo ID prior to your appointment time if we do not have it on file. If you have had a change to your insurance, please notify us prior to your appointment. You may contact our front office staff to provide them with this information.

We will bill your insurance company(ies) as a courtesy to you; however, it is your responsibility to be sure you are eligible for the insurance benefits. **YOU ARE RESPONSIBLE FOR SEEING THAT SERVICES RENDERED BY OUR OFFICE ARE PAID REGARDLESS OF INSURANCE ELIGIBILITY.**

All copays, coinsurance, and deductible amounts MUST BE PAID at the time services are rendered or before your scheduled appointment time. Payment is required unless other arrangements have been made in advance.

- If you are a self-paid client (billing does not get sent to insurance), the full amount is due at the time of service.
 - A Reduced Rate option is available. You must qualify for this; ask the front office staff for an application.
- Our regular fees for non-Medicaid covered services range from \$180 to \$220 per session.
- We do accept cash, checks, and most major credit cards. If payment is not made by the date of the session, the appointment may be cancelled.
- Any account with a returned check will be charged a \$35 non-sufficient funds (NSF) fee.
- Clients with an outstanding balance of 60 days or more overdue must make payment arrangements prior to scheduling future appointments.
- If your account becomes past due 90 days or more, your account will be sent to collections. In addition, you will be charged 15% of the total balance sent to the collection agency to cover our collection efforts.
- We will need your social security number on file for the purpose of claims processing, either by insurance or through a collection agency. If you are a minor under the age of 18, a parent or guardian's social security number must be on file. If the insured party is someone other than the client, their social security number will also be kept on file to be used as verification of identification with insurance along with your insurance policy/member number. If a social security number is not on file with Hope's Beacon, then the client will have to pay for the cost of the service prior to the serving being provided.

CANCELLATION POLICY

Once an appointment has been scheduled for you, it is your responsibility to attend. If you are unable to make it to a scheduled appointment, please provide **at least** 24 hours' notice.

- Cancellations **without** at least 24 hours' notice will be charged a \$50 "Late Cancellation" fee.
- You may cancel an appointment at least 24 hours in advance without any charges being incurred.

- If you do not cancel and you do not attend your session, you will be charged the full session amount as a “No Show” fee for that appointment. This fee is NOT reimbursable through your insurance, you are responsible for paying it. This policy is necessary because a time commitment is made to you and is held exclusively for you.
- If you are late for a session, you may lose some of that session time. If you are more than 15 minutes late, you will have to reschedule your appointment and will be charged a late cancellation fee of \$50.00.
- After three “No Shows” (missed appointments without sufficient cancellation notice), three late cancellations, excessive cancellations (regardless of length of notice given), or two months of inactivity in counseling, for legal and ethical reasons, you will be discharged from care.

We are flexible to schedule therapy sessions within certain circumstances outside of our normal office hours with prior notice. You may reach us at our office numbers: Stephanie (307) 223-1157; Maria (307) 223-1651; Alyssa (307) 206-4235; Jessica (307) 223-1120. Our voicemail systems are confidential and private. We will attempt to return your call within 24 business hours. You may also secure (HIPAA compliant) message us through your personal client portal account which can be accessed through the Hope’s Beacon website: www.hopesbeacon.com.

If you prefer, you may also contact us through email at: StephanieM@secureinhope.com; MariaV@secureinhope.com; AlyssaM@secureinhope.com; JessicaS@secureinhope.com. However, please note, that while we can accept email and text, these are not considered to be HIPAA compliant. If you use these forms of communication, Hope’s Beacon cannot guarantee that anything you send through these communication routes will be secure or private. In addition, while we attempt to return messages in a timely manner, we cannot guarantee an immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

SOCIAL MEDIA POLICY

Due to the importance of your confidentiality and the importance of minimizing dual relationships, individual staff do not accept friend or contact requests from current or former clients on our personal social networking sites (Facebook, Instagram, etc.). However, you are more than welcome to follow the social media sites for Hope’s Beacon.

MINORS POLICY

Any minor child aged 12 or younger must be accompanied by a parent or legal guardian for the duration of the session to be available to the provider in case of emergency. Any minor child under the age of 18 but over the age of 12 that is being dropped off by a parent or legal guardian or driving themselves, must have a parent or legal guardian available by telephone for the duration of the sessions. If a parent or legal guardian will be unavailable by telephone during the session, a secondary contact needs to be identified and a Release of Information must be signed, or the session will be cancelled.

If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive, and which issues are more appropriately kept confidential.

TERMINATION POLICY

We may end treatment after appropriate discussion with you and a proper termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. If therapy is terminated or you request another therapist, we will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

OUR OFFICE IS CLOSED FOR THE FOLLOWING HOLIDAYS:

Monday, January 1, 2024	New Year's Day
Monday, January 15, 2024	Martin Luther King Jr. Day
Monday, February 19, 2024	President's Day
Monday, May 27, 2024	Memorial Day
Wednesday, June 19, 2024	Juneteenth Day
Thursday, July 4, 2024	Independence Day
Monday, September 2, 2024	Labor Day
Monday, November 11, 2024	Veterans Day
Thursday & Friday, November 28 & 29, 2024	Thanksgiving Holiday
Wednesday, December 25, 2024	Christmas Day

FEE SCHEDULE

Intake/Initial Session Fee	\$220
Individual/Family/Couples Session Fee	\$180
Late Cancellation Fee	\$50
No Show Fee	\$180
NSF (returned check) Fee.....	\$35
Court Appearance Fee	\$200/hour with \$200 minimum fee
Release of Records Fee	\$25 includes first 20 pages (\$0.35 each page after that)
Collection Fee.....	15% of total balance sent to collection agency

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Printed Name: _____

Signature: _____ Date: _____

Relationship to Client: _____