

FEE AGREEMENT AND FINANCIAL POLICY

Karen Muehl Counseling, PLLC

Please review this ***Fee Agreement and Financial Policy*** (the “Agreement and Policy”), which describes my schedule of fees for therapy services, charges not covered by insurance, and additional fees for Karen Muehl Counseling, PLLC (“KMC”). Please be sure you understand the policies regarding cancelations and missed appointments, methods of payment, insurance reimbursement, and past due accounts. If you have any questions about anything, please ask me prior to signing this Agreement and Policy.

Therapy rates and corresponding health insurance billing codes

90791 Initial Consultation - Individual (55 min.) - \$190.00

90837 Individual Therapy (55 min.) - \$190.00

90853 Group psychotherapy (90 min.) - \$60.00

Charges not covered by insurance

Records request - \$15.00

Letter writing - \$50.00

Telehealth fee - \$10 per session (if applicable)

Phone Consultations (11-60 min.) - \$190.00 (pro-rated per 15 min.)

Case Management* \$190.00 (pro-rated per 15 min.)

*Case Management includes indirect services I provide outside our session times such as consultations with other providers made at your request (for which a written authorization for disclosure of confidential information is required), coordinating adjunct services, and completing forms or reports.

Additional fees

Late cancelations - fewer than 24 hrs. prior to appointment) - \$50.00

Missed appointment (first time) - \$75.00

Missed appointment (after first time) - \$190.00

Non-sufficient funds (bounced) check - \$25.00

Past-due accounts - over 90 days - \$25.00 per month

PAYMENT

You will be expected to pay for either (1) each session in full or (2) your insurance co-payment, at the time of services provided under the ***Outpatient Services Agreement***, which will be given to you along with this Agreement and Policy and my ***Notice of Privacy Practices***. Accepted methods of payment are cash, check, or credit cards. Preferred method of payment is by cash or by check made payable to Karen Muehl Counseling, PLLC. Checks returned due to insufficient funds will incur a fee of \$25, which will be charged to your credit card on file (see **CREDIT CARD ON FILE** section below).

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INSURANCE REIMBURSEMENT

Blue Cross. I accept and process insurance payments through Blue Cross Blue Shield of North Carolina ("BCBSNC"). If you have insurance with BCBSNC, then I will (1) expect and accept payment of your copayment amount at the time of service; (2) file your claim with BCBSNC; and (3) receive payment from BCBSNC. By accepting this Agreement and Policy you agree to (1) allow Karen Muehl Counseling, PLLC ("KMC") to bill BCBSNC directly for services provided under the **Outpatient Services Agreement**; (2) give KMC permission to release any information the insurance company may require in order to process payment; appoint KMC as my authorized representative to act for me in obtaining payment; (3) assign all of my rights to claims and payment by BCBSNC to KMC; and (4) agree to assist with the claims process as required by KMC and BCBSNC. I understand that if my insurance plan requires that I meet a deductible amount prior to coverage by insurance, I will be responsible for the full session fee until the required deductible amount has been met. I acknowledge that not all issues, conditions, and problems dealt with in psychotherapy are reimbursed by insurance companies.

PLEASE NOTE: (1) KMC files insurance as a courtesy to you, and that you (not your insurance company) are ultimately responsible for your bill. (2) If BCBSNC denies a claim filed on your behalf, then you are responsible to pay KMC for the difference between the standard rate and the amount previously paid as copay.

Other Insurance. If you have insurance with any other insurance provider, then you are responsible for (1) obtaining authorization for treatment and coverage; (2) filing claims with your insurer; and (3) receiving reimbursement payments from your insurer. You are responsible for informing us of any changes in your insurance information. I will provide you with standard billing information required by insurance companies for processing claims.

Self-pay. If you do not want to use health insurance you may elect to pay directly for psychotherapy and treatment services provided under the **Outpatient Services Agreement**. Please note that KMC does not offer sliding scale or reduced-fee rates.

CANCELATIONS & MISSED APPOINTMENTS

Insurance carriers will not pay for late cancelations or missed appointments. Once an appointment is scheduled, that time is reserved specifically for you. Cancelations must be made at least 24 hours in advance. Although 24 hours is the minimum, if you need to cancel or reschedule please give as much notice as possible. You may notify me of cancelation by phone, e-mail, or text message. Late cancelations (fewer than 24 hours before the appointment) will incur a fee of \$50. Missed sessions will incur a fee of \$75 for the first missed session and \$190 for subsequent missed sessions. I will notify you of any late cancelation or missed session fees that you incur, which will be charged to your credit card on file.

PAST DUE ACCOUNTS

Amounts past due by more than 30 days will incur a late fee of \$25 for each month the balance remains unpaid. If your account has not been paid for more than 90 days and arrangements for

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payment have not been agreed upon, KMC may resort to legal means to secure payment. This may involve hiring a collection agency, an attorney or going through small claims court. If such legal action is necessary, you will be responsible for those costs.

CREDIT CARD ON FILE

Upon scheduling your first appointment you are asked to provide credit card information via the Client Portal. Your information is stored electronically with secure, encrypted software that meets HIPAA standards for protection of confidential information. The card on file is to be used for charges incurred for late cancelations, missed appointments, returned checks, or past due account balances. You may also opt to pay for sessions (or to pay your co-pay amount) with the credit card on file. If your card on file is charged, you will be notified of the reason for the fee and the amount charged. You can view account activity, invoices, and account statements on the Client Portal. By accepting this Agreement and Policy, and by entering your credit card information on the Client Portal, you are authorizing Karen Muehl Counseling, PLLC to charge the card as needed according to the terms specified in this Agreement and Policy.

I have read the Agreement and Policy above, have had the opportunity to ask questions about its terms, and am able to access a copy for my own records. I understand the policy and by my signature below I agree to be bound by its terms in association with the Outpatient Services Agreement provided to me by Dr. Karen Muehl. Any and all negotiated exceptions or special arrangements are listed below.

Client name (printed)

Client signature

Date

Karen Muehl, Ph.D.

Date