

**Samaritan Center, Inc.**  
**Fees and Services Agreement**

**Appointments**

Sessions are available by appointment only, and each session is scheduled for approximately 30-53 minutes. Appointments may be made by calling the center at 432-563-4144. Appointments are scheduled for Monday-Thursday, 8:00AM- 5:00PM, and Friday 8:00AM-11:00AM. If you need to contact the Center other than during regular business hours, you may leave a message on our voice mail. Your call will be returned as soon as possible.

**Fees and Payments**

The fee for a counseling session and 30 minute medication management follow up with a nurse practitioner is \$125.00. The fee for an initial evaluation with the nurse practitioner is \$250.00. Fees for groups, testing, workshops, letter-writing and court fees vary accordingly. Ask for a fee schedule. A limited number of partial scholarships are available for clients who do not have insurance benefits and whose financial position indicates a need for assistance. ***If you intend to apply for a partial scholarship, please provide verification of your family's gross annual income.*** All sources of income will be considered (wages, royalties, dividends, child support, alimony, etc.). Check stubs or your latest IRS 1040 may be used for this purpose. The Center will determine the level of your fee based on that information, a \$35 minimum is required. Payment is made prior to each session. Payment may be made by cash, check or Master Card / Visa credit card. **There is a \$30.00 charge on all returned checks.** The Executive Director must approve any exception to this policy.

**Requesting Refills**

We refill prescriptions during regular routine office hours Monday – Thursday 8:00AM to 5:00PM and Friday 8:00AM – 12:00PM. Please plan ahead so you do not run out of important medications. Remember, it may take two full business days to process some requests – particularly controlled medicines which many insurances may require prior authorization or peer to peer. Therefore, it's important that you request your refills at least 7 days in advance.

**Cancellations and Rescheduling**

It is our policy to charge a \$25 fee for appointments that are missed or canceled less than 24 hours in advance of the scheduled session. Reminder calls are a courtesy and fees are applicable regardless if calls are received or not. If the office is closed, you may leave notice of cancellation on voice mail, which will note the date and time you called. Your communication with the office about session cancellations allows us to serve other Samaritan clients on our waiting list who need to be seen. At the discretion of the provider, a pattern of canceled or re-scheduled sessions could result in termination of services because this pattern limits the therapist's ability to serve other Samaritan clients. Emergency situations will be taken into consideration. Therefore:

\_\_\_\_\_ *I authorize Samaritan Center to keep my credit/debit card number, a copy of the card and signature on file*  
*Initial and to charge my account listed below for:*

1. *Balances of charges, not to exceed \$300, not paid within 30 days of the date services are rendered.*
2. *Non-cancellation fee if I do not cancel my session at least 24 in advance of my scheduled session.*

Name on Card \_\_\_\_\_ Staff Initials – Received \_\_\_\_\_

Type of Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Number \_\_\_\_\_ 3 Digit CCV Code (on back) \_\_\_\_\_

\_\_\_\_\_  
*Signature of Name on Card*

\_\_\_\_\_  
*Printed Name on Card*

\_\_\_\_\_  
*Date*

**Insurance Coverage** - In some cases, services may be covered by health insurance. Prior to your initial session, please provide insurance information to the Center. A photocopy of the front and back of the client's insurance card is necessary so that benefits, deductible, pre-certification requirements, etc. can be verified. If insurance coverage is applicable and if the deductible has been met, as a courtesy, the Center may file insurance claims and accept assignment of insurance benefits. **However, all fees remain the responsibility of the client.** An insurance company's statement of coverage, pre-certification, etc. does not guarantee that benefits will be paid. Insurance companies usually cover a limited number of sessions. If additional sessions are necessary, the fees remain the client's responsibility.

**Medicaid Clients** – The provider at his or her discretion may terminate you as a client for two no-shows or cancellations that occur back to back.

**Legal Services** - Court appearance is not a part of the therapy process. This includes testimony as a fact witness, as an expert witness, written or oral deposition, or any type of contact with an attorney. Clients will be charged a minimum of \$1500 for 4 hours, 5-8 hours will be a \$3,000 charge for providers required to be available to the legal system (court appearance). You will be required to deposit four

hundred dollars (\$400) with the Center in the form of cash, money order or credit card before a provider will be made available for legal purposes. If your attorney requests/subpoenas files, the fee schedule for copying, etc., will also apply and will need to be paid in advance. By my signature, I have read and understand the above.

**Financial Responsibility and Assignment of Benefits** – In consideration for receiving medical or health care services, I hereby assign to Samaritan Center my right, title, and interest in all insurance, Medicaid, or other third-party payer, up to the total amount of my medical and health care charges to Samaritan Center. I certify that the information I have provided in connection with any application for payment by third-party payers, including Medicaid, is correct. I agree to pay all charges for medical and health care services not covered by, or which exceed the amount estimated to be paid or actually paid by Medicaid, my insurance company, or other third-party payer, and agree to make payment as requested by Samaritan Center.

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

Client Signature \_\_\_\_\_

Date\_\_\_\_\_