

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. 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 8:30 to 5:00 Monday – Thursday. Please plan ahead so that you don't 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 \$50 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 agree to leave a cash/money order deposit for \$50 in the event I do not cancel my session at least
Initial 24 hours in advance of my scheduled session; or*

_____ *I authorize Samaritan Counseling Center of West Texas, Inc. to keep my
Initial Credit/Debit card number, a copy of the card and signature on file 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 – Please note: though we do not accept a deposit from you for your sessions, 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 at the rate of one hundred dollars (\$100) per hour for providers required to be available to the legal system. 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.

Printed Name _____

Client Signature _____ Date _____