



*heal · restore · equip*

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35037 Royal Place \* Soldotna, AK 99669 \* (907) 260-7423

## FINANCIAL POLICIES

Thank you for choosing New Hope Counseling Center as your behavioral health care provider. We are committed to providing you with the highest quality care available at competitive prices. To continue this service excellence, it is very important that you follow our Financial Policy, which includes prompt payment of your bill. A clear understanding of the financial responsibility for your care is fundamental to assuring a healthy and professional relationship with our staff.

**CLIENT INFORMATION FORM** – Please complete the *Client Information Form*, which includes demographic, emergency, and insurance information. This will ensure correct billing to your insurance carrier. In the event your insurance changes, and you do not notify us of the change in time for us to obtain authorizations or file claims within your insurance company’s timely filing deadlines, any unpaid fees will become the subscriber’s responsibility.

**NEW CLIENTS** – All new clients are asked to pay the full amount of their first visit at the time of that visit (initial \_\_\_\_). Insurance will still be billed, and any overpayment will be applied toward future sessions.

**INSURANCE PLANS** – We accept most insurance plans. However, it is your responsibility to check with your insurance company prior to treatment to determine if your policy covers our providers and services. In many cases, insurance companies request preauthorization prior to seeking treatment. It is your responsibility to obtain this preauthorization.

**Tricare, Campus, or ChampVA** – if you are covered by any of these policies, you must check with your carrier to ensure your therapist is covered under your particular plan. If you are an Active Duty service member, you must secure an authorization code before your first visit.

**Medicare** – We are not covered by Medicare. Only services by a licensed psychologist are covered by Medicare.

**Medicaid** – We are not covered by Medicaid. Only psychological assessments completed by a licensed psychologist are covered under Medicaid.

**BENEFITS INTERPRETATION** – We will do our best to help you understand and interpret your health care benefits. However, it is ultimately your responsibility to understand which services are covered and which are not under your plan. If you have any questions, please contact your insurance carrier to help you with this process.

**FISCAL YEAR DEDUCTIBLES** – It is our policy at the start of each insurance plan’s fiscal year to collect the full amount billable for your visit at the time of your visit until your deductible has been met (initial \_\_\_\_). Once verification of having met your deductible is made, you will only need to pay your insurance plan’s required co-pay or co-insurance due.

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*“Find rest, O my soul, in God alone; My hope comes from him.” Psalm 62:5*

**INSURANCE BILLING** – If it is determined that your insurance is one that is accepted by New Hope Counseling Center, we will, as a courtesy, bill this company for you. If your insurer does not pay for any reason and an appeal is needed, your signature on this Financial Policy form serves as a waiver for your insurance company to grant us permission to file an appeal on your behalf (initial \_\_\_\_).

**MULTIPLE INSURANCE COVERAGE** – For those with more than one insurance coverage, due to cost and time constraints, *we are only able to bill your primary insurance*. However, we will be happy to assist you by providing you information so that you may submit a claim to your secondary insurance company.

Please remember that insurance is a contract between you and your insurer. We are happy to help as much as we can to ensure payment of your benefits, however, we cannot, and will not become involved in disputes concerning deductibles, co-payments, secondary insurance, or what insurance companies refer to as, “usual and customary” reductions (initial \_\_\_\_).

**CO-PAYMENT/CO-INSURANCE** – After you have met your insurance company’s deductible, you must pay all required co-payments or co-insurance payments at the time of your scheduled appointment.

**EMPLOYEE ASSISTANCE PROGRAMS (EAP)** - New Hope Counseling Center counselors are credentialed with many Employee Assistance Programs. In order to utilize this service, you must provide the NHCC Office Administrator with the name of the EAP and the authorization number prior to the first visit. If verification is not provided by the first appointment, then your private insurance company will be billed at the full intake hourly rate. If you are not insured, the administrative discount for paying out of pocket will apply, and you will be responsible for payment at time of service. (initial \_\_\_\_.)

**COURT TESTIFYING** – For any employee who must testify in court, New Hope Counseling Center charges One Hundred and Twenty Five Dollars (\$125.00) per hour, for a minimum charge of one hour (initial \_\_\_\_).

**COURT PREPARATION** – For any employee who must testify in court, New Hope Counseling Center One Hundred and Twenty Five Dollars charges (\$125.00) per hour for preparation time, with a minimum charge of one hour. This pays for the clinician’s time to review all case notes and/or prepare required court documents (initial \_\_\_\_).

**NO SHOWS AND LATE CANCELLATIONS** – New Hope Counseling Center is a non-profit corporation that relies heavily on your prompt payment to keep our services available. In the event that you are unable to keep an appointment, you must notify our Front Office at least twenty-four (24) hours in advance. If you do not call to cancel or reschedule your appointment, you will be charged \$30.00 for the missed session (initial \_\_\_\_). Missed appointment fees are due and payable before the next scheduled session. Insurance and/or other third-party coverage cannot and will not be billed for no-shows or late cancellations.

**BALANCES OWED AFTER INSURANCE HAS PAID** – If there is a balance owed after your insurance has paid, you are responsible for payment of this balance (initial \_\_\_\_). If we know what this balance will be at the time of your appointment, you are expected to pay at this time. Otherwise, we will call you or send you a statement in the mail. Payment is due upon receipt. New Hope Counseling Center reserves the right to discontinue services to you if your account is more than thirty (30) days past due or to refuse services if payments owed at the time of a scheduled service are not paid. Accounts more than ninety (90) days past due or with undeliverable addresses may be forwarded to a collections agency for recovery.

**RETURNED CHECKS** – There is a \$50.00 charge for all returned checks.

**REFUND REQUESTS** – Clients who have a credit on their account and would like that amount refunded to them must complete a *Refund Request* form available from the Front Office staff. Refunds will be made only if

all dates of services have been paid by the insurance company. If it is determined there are other outstanding balances on your account, any requested refund will be applied to the outstanding balance. You must allow up to thirty (30) days from the time the refund is requested to receive the funds. (initial \_\_\_\_).

**ACCOUNT RESPONSIBILITY** – It is our policy to bill the insurance subscriber for any balances left on accounts. “Accounts” include services rendered to you, a spouse and/or dependents. If any responsible party fails to make timely payments on their portion of the account, we reserve the right to refuse treatment. If you do not have insurance, you are personally responsible for your own debt, and payment is expected at the time of service. In the case of minor patients with no insurance, the adult accompanying the patient is responsible for payments due at the time of service.

**CLIENT ASSISTANCE PROGRAM** –We do not offer a Client Assistance Program, however, for client’s without insurance and/or those paying out of pocket, we offer a twenty five percent (25%) administrative discount as long as fees are paid at time of service.

By my signature, I confirm that I have read and understood the above financial policies. Any questions I had have been answered.

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Printed Name

Signature

Date