

JSF Professional Counseling Services, LLC

License #37PC00431200 □ Corporation #0400685811

Mailing/Office Address: 3100 Princeton Pike, Building 1, Suite I, Lawrenceville, NJ 08648

Appointments: 609-474-0848 □ Emergency: 856-298-9203

FINANCIAL RESPONSIBILITY AND HEALTH INSURANCE

We are committed to providing you with the best and most efficient care. If you have medical insurance, we would like to help you receive the maximum allowable benefits. In order to accomplish this, we will require your cooperation and understanding with the following policy.

1) Your insurance is a contract between you and your insurance company. If we do not participate with your plan, it does not mean your exam is not a covered service. It means that after paying the designated amount for your visit, you will be given a receipt to submit to your insurance company. It is your responsibility to independently deal with your insurance company. Unpaid patient balances that go beyond 90 days late will be immediately forwarded to a collection department.

2) Payment is due at the time service is received. For your convenience, we accept cash and checks. Patients are responsible for deductibles, coinsurance, and charges not paid by insurance due to failure to submit proper paperwork to your insurance company. Some insurance companies may only approve and pay a certain portion of our fees, however, it is your responsibility to pay the service fees in full. We understand that temporary financial problems may arise, please do not hesitate to contact our office for assistance and management of your account at any time. Counseling fees are as follows:

Service	Code	Fee
Intake	90791	\$175.00
Individual Follow-Up 45 min.	90834	\$100.00
Individual Follow-Up 60 min.	90837	\$130.00
Family	90847	\$120.00
Case Consultation	90887	70.00/30 minutes

3) Sliding Scale -- If you are interested in paying with a sliding scale, you must provide a 1040.

4) Other fees:

- There will be a \$60.00 fee for returned checks.

- It is the responsibility of our clients to remember appointments. If you miss an appointment or cancel without 24 hour notice, there will be a flat fee of \$50.00. We will also provide you with a courtesy text prior to the appointment to assist with appointment attendance.
- Clients who cancel and/or miss 3 consecutive sessions, upon written notification, will be placed on the waiting list and/or will be given an outside referral. Voicemail is always available should you find the need to cancel.

If I have insurance coverage with a company that JSF Professional Counseling Services, LLC is out-of-network with, I have the following options:

- ___ Bill my insurance using an approved diagnostic code (in which case I could be responsible for the difference between what my insurance covers and the full amount listed above, regardless of what the allowed amount would be for an in-network provider)
- ___ Decide not to use my insurance and pay in cash, using the sliding fee scale above, which is an objective fee scale based on my income and other factors

If I do not have insurance coverage, I have the following option:

- ___ Pay the fee listed above in full
- ___ Pay the appropriate amount based on the sliding fee scale

The agreed upon fee per 45-minute session is _____.

Comments or notes about fees or fee arrangements:

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to assist you with this process. I hereby certify that I have read all of the above information. I agree and accept all of the above terms and conditions. I agree to be personally and fully responsible for payment of services rendered to me and denied by my insurance company no matter the reason for this coverage denial.

Client _____

Date _____

Caregiver/Guardian's Signature _____
(if client is under the age of 18)

Date _____

Witness Signature _____

Date _____