

Journey To New Beginnings, PLLC
5627 Getwell Road
Building B., Suite 4
Southaven, MS 38672

Financial Policy

*Operating hours of *Journey To New Beginnings, PLLC* vary Monday through Friday with late appointments available on Thursday. The initial intake assessment is \$175.00. Individual, family and couples therapy is \$150.00 for 45 minute sessions.

_____ Initial _____ Date

*A fee will be charged if the therapist becomes involved in legal matters. The fee is \$150.00 per hour for preparation and review of materials, \$150.00 per hour for travel time, court time, and any other time involved. There will be a retainer fee charged that is due 72 hours in advance. The retainer fee will be based on an estimate of the time that will be involved. If the legal matter is not cancelled within 2 business days of the scheduled date, the minimum of \$500.00 will be charged. The fee of \$150.00 will be charged for all letters or correspondence with attorneys, Youth Court, Guardian Ad Litem, etc.

_____ Initial _____ Date

*The client is responsible for any attorney fees costs of any nature that Journey To New Beginnings, PLLC and/or its therapists incur in regard to any legal matter or court proceedings related to care or treatment of the client.

_____ Initial _____ Date

*As a service to you, we will bill insurance companies and other third-party payers, but cannot guarantee such benefits or the amounts covered, and are not responsible for the collection of such payments. In some cases insurance companies or other third-party payers may consider certain services as not reasonable or necessary or may determine that services are not covered. In such cases the Person Responsible for Payment of Account is responsible for payment of these services. Insurance deductibles and co-payments are due at the time of service. All insurance benefits will be assigned to ***Journey To New Beginnings, PLLC*** (by insurance company or third-party provider) unless the Person Responsible for Payment of Account pays the entire balance each session.

_____ Initial _____ Date

*If this account is litigated or provided to an attorney for collection or a collection agency, the client (or responsible party) agrees to pay all costs of collection, litigation and reasonable attorney fees.

_____ Initial _____ Date

*Telephone consultations exceeding 5 minutes may be charged at the rate of \$150.00.

_____ Initial _____ Date

*A fee of \$150.00 will be charged for each session that you do not show for the appointment or a 24 hour notice is not given. The \$150.00 fee will be directly billed and due by you, not the insurance company. The fee will be due in full before the next visit unless you make other payment arrangements with *Journey To New Beginnings, PLLC*.

_____ Initial _____ Date

*I authorize *Journey To New Beginnings, PLLC* to disclose case records (diagnosis, case notes, psychological reports, testing results, or other requested material) to my third party payer or insurance company for the purpose of receiving payment directly to *Journey To New Beginnings, PLLC*. I consent that *Journey To New Beginnings, PLLC* may discuss with or release billing/insurance information with my insurance company. I understand that access to this information will be limited to determining insurance benefits, and will be accessible only to persons whose employment is to determine payments and/or insurance benefits.

*A fee of \$25.00 will be charged for each letter the therapist writes to schools, Department of Human Services, employers, doctors, etc. This fee does not pertain to legal matters as there is a separate policy for legal issues, which is covered in this document.

Signature: _____

Date: ____ / ____ / ____

*If three (3) consecutive appointments are missed you will be taken off the schedule and required to call in order to schedule more appointments.

Signature: _____

Date: ____ / ____ / ____

I (we) have read, understand, and agree to the above policy

Person responsible for account: _____

Date: ____ / ____ / ____