



## Christian Perspective COUNSELING

### Fee Payment Policy

#### Rate

The standard fee for services through Christian Perspective Counseling (CPC) is **\$130 per therapy hour (approximately 50 minutes)**. This \$130 per hour rate applies to individual, family, and couples therapy alike. Fees for additional services such as testing and evaluations, behavior programming, drug testing, etc. are also based on the rate of \$130 per hour with the only exceptions being for court involvement, which is described in the following section, and parent coordination, which has an entirely separate fee schedule and payment policy document. An estimate of the total expenses for special services will be given before they are rendered. Lower cost services are available at the rate of \$85 per therapy hour for services provided by an LAC and \$20 per session for services provided by a student therapist/intern.

#### Rate for Court Involvement

If it is necessary for your therapist to be involved in court proceedings, please understand that there is a significant amount of time spent out of the office, additional liability incurred, the need for additional consultation, and preparation of documents/information that is often required in order to best serve the courts. Due to these requirements, **a special rate of \$1,200 for a half day (up to four hours) or \$2,400 for a full day (between four hours and eight hours) is applied to court appearances. Each additional hour beyond eight for a single day of court will be billed at \$500 per hour.** Furthermore, in order to schedule your therapist's appearance at a hearing, at least 30 days advance notice and a 50% non-refundable deposit of the fee for the scheduled amount of time is required. In order to cancel/reschedule such a booking without being charged the full fee, at least two weeks notice is required. If adequate notice is not given, the full fee for the scheduled time frame will be charged even if the therapist is not utilized during the hearing process. **Preparation for court appearances, including consulting with lawyers, providing witness testimony, and/or being deposed will be billed at \$300 per hour. Also, please note that charges billed according to the court involvement rate are ineligible for a payment plan.** It is strongly recommended that court-involved clients share this policy with their attorney as CPC will not be held liable for unexpected charges due to incoordination between attorneys and clients.

#### Payment Method

**Payment is expected at the time services are rendered** and can be made with cash, check (made out to "Christian Perspective Counseling"), or credit/debit card. **This expectation extends to divorced parents of children attending therapy, regardless of custody configuration.** However, if paying at the time services are rendered would create a financial hardship, other payment arrangements must be agreed upon in advance by completing the Payment Agreement Form with a clinic staff member. Please note that all returned checks will be charged a \$25 fee for non-sufficient funds and credit card charges exceeding \$500 will have the card processing fee added to them.

In order to ensure that outstanding balances don't become a financial hardship to both the client and the practice, please note that, when an outstanding balance exceeds the equivalent of two sessions (\$260), treatment will be suspended until the balance is paid off.

### **Missed Appointments**

Emergencies happen. If you are unable to keep your appointment, please notify your therapist immediately at least **48 hours** prior to the scheduled time. If a routine appointment is cancelled or missed without **48 hours** prior notice, you will be charged \$40 for each occurrence. **If the initial evaluation is cancelled late or missed, the full fee will be charged.** Your therapist also reserves the right to charge the full session amount or deny services for repeatedly missing appointments.

### **Insurance**

Your therapist may accept direct third party reimbursement (insurance) for services. Please note that in this case, even though your therapist will accept direct payments from insurance companies and will do their best to ensure insurance pays the amount owed, **you, the client, remain ultimately responsible for the entire bill. CPC cannot be held responsible for unpaid/denied claims due to invalid or out-of-date insurance information nor do we make any assurance that such claims will be resubmitted for processing once the information is corrected.** Insurance plans vary widely in their coverage of mental health benefits, so please inquire with your insurance company about the specifics of your benefits. Copayment (the amount not covered by your insurance) is based on a contracted rate with your insurance provider, may differ from the cash rate cited above, and is expected to be paid at the time services are rendered unless a Payment Agreement Form has been completed. When a secondary insurance policy provides benefits for a service but manually submitting claims to the secondary policy is required, we will provide the documentation needed for you to manually submit the claims. CPC will not manually submit claims.

### **Employee Assistance Programs (EAP)**

If you are receiving services as part of an EAP through your employer or that of a loved one, the amount, if any, you are expected to pay will be agreed upon between CPC and your employer prior to beginning treatment and will be discussed with you at the outset of treatment. While the amount payed by the employer will be based on factors including but not limited to the number of approved sessions, the presence of adequate insurance coverage, and the level of compliance with treatment recommendations, **any balance over and above the amount agreed to be paid by the employer or incurred as a result of noncompliance with the above policy on missed appointments is your responsibility.**



**Christian Perspective**  
**COUNSELING**

**Acknowledgment of Fee Payment Policy**

I understand that payment is due at the time services are rendered and agree to pay for services when rendered or have arranged and signed an agreement for payments to be made at another time. I have read, understand, and accept the conditions of this fee policy. Further, I hereby give permission for any necessary information in my records to be released to my insurance company.

\_\_\_\_\_  
Signature of Person Responsible for Payment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date