



Family, Couple & Individual Therapy

63 Cherry Street
Milford, Connecticut 06460
Telephone (203) 283-9358
Fax (203) 283-9358

Payment Agreement

PROFESSIONAL FEES

The fees for family, couple or individual therapy sessions are \$200 per hour. Group therapy fees are \$50 per week based on a 10-week period. Other professional services including but not limited to report writing for other parties, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized and requested, and preparation of records or treatment summaries will be billed based on time spent at \$200 per hour. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time at \$400 per hour.

FORM OF PAYMENT

Payment is expected at the time services are rendered unless other arrangements have been made. The following forms of payment are accepted by Strategic Solutions: Cash, Personal Checks and the following credit or debit cards: Visa, MasterCard, American Express, and Discover. There will be a \$30 charge for all returned checks.

CANCELLATION

Twenty-four hour notice is required for cancellations except in the case of emergencies. A fee of \$50 will be charged for missed appointments.

INSURANCE COVERAGE

Strategic Solutions accepts Cigna, Anthem, Aetna, Beacon Health Options, and Husky insurances. We will file directly with your insurance company for payment. You are responsible for any copayment at the time of your appointment. If your deductible has not been met, you will be required to pay the contracted fee at the time of the appointment.

Please provide the following information:

Insured's name: _____

Date of birth: ____/____/____

Relationship to client: _____

Health insurance company: _____

Policy number: _____

Group number: _____

Other health insurance: yes _____ no _____

If yes, please complete the *Coordination of Benefits form*.

Copy of license: _____

Copy of insurance card: _____

OUT OF NETWORK

You are responsible for verifying your out-of-network coverage if you have another insurance that you wish to use. It is your responsibility to understand any limitations in coverage. You should contact your insurance plan administrator directly and ask the following:

- 1) Does your insurance reimburse out-of-network providers for outpatient psychotherapy?
- 2) What percentage of the fee will be reimbursed? Insurance plans vary in terms of the percentage they will reimburse.
- 3) Is there a separate deductible beyond what you have already met?
- 4) Are there any forms required for reimbursement other than a bill and/or the CMS 1500.

We will provide you with a bill required to process a claim. Please be aware that you will pay the full fee at the time of your appointment. Your insurance company will reimburse you directly. It typically takes 4 weeks to receive your reimbursement check.

Please use the following **Credit Card Authorization** document to indicate the form of payment you wish to use for any services rendered through this practice. This form will be securely stored in your clinical file and may be updated upon request at any time.

Credit Card Authorization Form

I, _____, am authorizing Strategic Solutions to use my credit card information to charge my credit card for a scheduled therapy session, in the event that I do not notify the office of my inability to attend a scheduled therapy appointment, do not cancel my appointment at least 24 hours in advance, or a check is returned for any reason.

Card Type (circle one): Visa MasterCard American Express Discover

Card #: _____

Expiration Date: _____

Name as Printed on Card: _____

Verification/Security Code (3 digit code on back of card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

By signing below I am authorizing Strategic Solutions to charge for scheduled appointments, no-shows, and late cancellations.

Signature: _____ Date: _____