credocounseling.com
4828 E. 57th St #3 Sioux Falls, SD 57108
P 605.906.2520 F 605.741.8170

FINANCIAL POLICY

Effective 2024

1. Client credit/debit card on file for: deductible, co-pays, co-insurance, late cancellations/no-show. Once insurance has paid their portion, your card will be charged for your portion according to insurance responsibility.

Name (as it appears on card): _____

Card Number: _____-_____-_____-_____
Expiration Date: _____/_____
CVC (three-digit code on back):_____

2. Late Cancellation and No-Show Policy:
Since only one client is scheduled per appointment slot, late cancellations and no-shows do not allow that slot to be offered to another client. The policies listed below are to be fair and equitable to all clients. If you have questions or concerns about these policies please ask for clarification.

- A **late cancellation** is an appointment canceled by a client between 1 and 24 hours prior to the start of the session.
- A **no-show** is an appointment that is (a) canceled less than one hour prior to the start time of the session, (b) you arrive or sign online more than 15 minutes after the scheduled start time of the session, or (c) you do not show up for the session at all.

You should receive an automated email from Therapy Notes prior to your scheduled session.

For a **late cancellation** and/or **no-show** you will automatically be charged $125.00. After the first late cancellation/no show, the full fee of $225.00 will be charged. Insurance companies do not reimburse for sessions when clients cancel or do not show. Any reminder is a bonus, not a necessity. Clients are responsible for their appointments.

After three (3) late cancellations or no-show appointments, the provider will re-evaluate client status and either terminate services or refer the client.

3. Billing: **Rates are subject to increase each year due to inflation, continuing education, etc.**

90791 Intake Psychiatric diagnostic evaluation 60 minutes or less = $300.00
90837 Psychotherapy, 60 minutes with patient and/or family = $225.00
90834 Psychotherapy, 45 minutes with patient and/or family member = $185.00
90832 Psychotherapy, 30 minutes with patient and/or family = $115.00

90839 Psychotherapy for crisis first 60 minutes = $225.00
90840 Psychotherapy for crisis each additional 30 minutes = $125.00
90846 Family psychotherapy (without the patient present) 60 minutes = $145.00
90847 Family psychotherapy (conjoint with client/family) 60 minutes = $185.00
90849 Multiple-family group psychotherapy 60 minutes = $200.00
90853 Group psychotherapy (other than of a multiple-family) 60 minutes = $85.00
90899 Unlisted psychiatric service or procedure15 minutes = $75.00
99354 Prolonged service in the office or other outpatient 60 minutes = $200.00
99355 Prolonged service in the office or other outpatient 30 minutes = $110.00

4. Cost For Records:

C.R.S. 25-1-801 Patient records in custody of individual health care providers – Colorado law establishes the following fees that a healthcare facility may charge a third party.

- For the first ten pages: $18.53
- For the next thirty pages (pages 11 through 40): $0.85 per page
- Each additional page after page 40: $0.57 per page
- Actual shipping costs
- Applicable sales tax

Credo Counseling, LLC has no office staff. The providers are responsible for records. The providers will be paid their hourly rate of $225.00. This rate includes time spent obtaining records and records are not sent from the office, rather, records are sent from a public facility (I.E. UPS Store, FedEx, Etc.), and mileage will be charged. Payment must be received prior to records being sent.

5. If a client requires and/or requests a provider write a letter or complete a form, it is at the discretion of providers' to charge the hourly rate of $225.00.

6. Before seeking mental health counseling, call your insurance and find out what is covered (Good Faith Estimate) – deductible, co-insurance, co-pay – any prior authorizations needed, and most importantly, what dollar amount you will be responsible for. **Clients are responsible for knowing what their insurance covers. Credo Counseling, LLC, and the therapist you work with simply bill as a courtesy**. If a client is cash pay, the client is responsible for calculating services

CREDO
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rendered.

My signature indicates that I understand and agree to the above.

Client Signature: _____ Date: _____