

Barker Counseling, LLC
Elizabeth Barker, MS, LMHC

Payment Agreement

It is our policy that the person/guarantor who seeks services from this office is responsible for payment of those services. Masterton Billing is the billing service our office contracts with to provide clients the ease of submitting insurance claims, however, the client is responsible for the timely payment of all services rendered even if health insurance does not pay or pays only a portion of the charges. We will not attempt to collect from an ex-spouse or another entity without having pre-arranged the payment. **Self-pay clients are provided a discounted rate, when paid at time of service.**

Insurance or EAP payments: Please contact your insurance company or EAP (Employee Assistance Program) for authorization to receive treatment. Insurance companies and EAP's almost always require "pre-authorization" for mental health or counseling related services. It is your responsibility to make sure you have authorization for your services through your insurance company or EAP. Insurance companies and EAP's may deny payment for services if there is no "pre-authorization" for the service. You will be responsible for payment of all services that are not paid by your insurance company or EAP, including denials for no pre-authorization, paying co-pays and insurance deductibles.

Medicare/Medicaid Recipients: Barker Counseling, LLC, is not a Provider for AmeriGroup, AmeriHealth, Merit or Traditional Medicare or Medicaid. Client is responsible for payment when Medicaid is the secondary Insurance Provider.

Cancellations/No-Show policy:

If it is necessary for you to reschedule or cancel an appointment, please provide notice at least 24 hours in advance. You may leave a message on my confidential voice mail or text message. Late cancellations or "no shows" will be billed at \$50 per session missed and further scheduled sessions will need to be rescheduled. Please note that insurers will not provide reimbursement for cancelled or missed visit, so this will be your financial responsibility. Keeping appointments is an important part of treatment as well as a necessary business practice. If reschedules or cancellations become excessive, we may need to discuss if alternative arrangements for your counseling services are appropriate. No additional sessions will be scheduled following the third "no show" or late cancellation.

Guarantor Signature: _____ Date: _____

*Payment can be made in cash, check or credit card.

Addendum to Payment Agreement for self-pay patients:

Initial Appointment. \$ _____; Sessions \$ _____; Initials _____