

# **BARKER COUNSELING, LLC**

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**ADULT AND CHILDREN PSYCHOTHERAPY  
PRIVATE PRACTICE**

## **Payment Agreement**

It is the policy of Barker Counseling, LLC, that the person who seeks services from this office is responsible for payment of those services. Abbe Management Corporation is the billing service that our office contracts with and they will attempt to collect insurance payments for your services. However, you are 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. We cannot split bills between guarantors. Fees for professional service of counseling or consultation is \$270.00 for the initial appointment; \$200.00 per 60 minute session; \$180.00 per 45 minute session; \$180.00 per family session w/client present and Interactive add on (children) \$25.00, unless otherwise contracted with your insurance provider at a lower rate. **\*Self pay is a discounted rate, when paid at time of service.**

You agree, upon counseling initiation, to be responsible for all collection/attorney fees should your account end up in the collection process.

### **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 will often deny payment for services because 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 also 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 as soon as possible, at least 24 hours in advance. If there are extenuating circumstances that cause a missed appointment, please contact our office as soon as you reasonably can. Billing under these circumstances can be discussed on a case-by-case basis. You may leave a message on the confidential voice mail. **Late cancellations or "no shows" will be billed at \$55 per session missed.** 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.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: Co-pays and other billing will be mailed to Guarantor from ABBE billing services, not Barker Counseling.**

\*Addendum to Payment Agreement: Initial Appt. \_\_\_\_\_ ; Sessions \_\_\_\_\_ Initials \_\_\_\_\_