

Financial Agreement

Thank you for choosing us to assist you. This is our financial policy, which we hope will answer questions you may have, and will specify the financial contract for our work together.

Our fees are printed on the reverse side. Please read and sign this original. We will give you a copy for your files. We understand that financial problems may occur, if so please discuss them with your therapist.

1. We expect full payment for service at the time treatment is provided. We accept cash, check, Visa, MasterCard, American Express and Discover.
2. You will be expected to pay for missed appointments unless we receive notice of cancellation at least 24 hours prior to the appointment. Please be aware that insurance will not cover missed appointments; therefore, you will be required to pay the full fee. If you miss two consecutive appointments without notifying your therapist, we will assume you want to discontinue treatment and we will close out your file.
3. As a group therapy patient, you are expected to attend weekly. Should circumstances require you to miss group, you will need to call and notify the group leader, otherwise you will be charged for the group.
4. If you intend to bill your health insurance carrier for these mental health services, note the following:

In order to submit a claim, we are required to give you a psychiatric diagnosis. Additionally, most carriers require that we provide a detailed treatment plan containing: your symptoms, reasons for treatment, your progress, and information that describes the seriousness of your condition. You should understand that this information is stored in electronic databases that are accessible by other insurance companies. Once this information is disclosed, The Resource Group cannot guarantee your confidentiality.

5. Our office can submit your primary insurance claims for you as a courtesy, however, please be aware that our contractual relationship is with you, not with your insurance company. You have a contract with your insurance carrier. It is your responsibility to insure that you are reimbursed by your carrier. If you are covered by a secondary insurance policy, we will not be able to submit claims to the secondary carrier. We will provide you with a monthly statement, which should be submitted with your claims form. We expect full payment at the time of service.
6. It has been our policy to keep fees for services as low as possible. For this reason delinquent accounts represent a serious problem. Accounts more than 30 days in arrears will be assessed a monthly finance charge of 1%, which is 12% interest per year or 12.68% effective interest compounded monthly. Accounts more than 90 days in arrears will be referred to collection. In the event that legal services are required to collect your delinquent account, you agree to pay all collection costs incurred by The Resource Group.

Effective July 1, 2003, fees for professional services provided by The Resource Group are:

Group Therapy (90 minutes)	\$ 50.00
Individual Therapy (50 minutes)	\$ 90.00 - \$120.00
Initial Evaluation	\$150.00 - \$175.00
Legal Evaluation/DWI Report to Court/Attorney	\$175.00 - \$200.00
Family Therapy	\$100.00
Psychiatric Evaluation	\$200.00
Medication Management (15 minutes)	\$ 55.00 - 75.00
Individual Psychotherapy Psychiatric (20-30 minutes)	\$ 90.00
Individual Psychotherapy Psychiatric (45 minutes)	\$100.00 - 150.00
Service Charge for Duplicate Statement	\$ 5.00
Service Charge for Returned Check	\$ 25.00
Charge for Letter or Written Report	\$ 25.00

I have read, agree, and consent to the treatment as outlined above.

Signed _____

Date _____