



MWR Financial Policies and Procedures

Please initial each section to acknowledge understanding of the financial policies and procedures of Murray, Wilson & Rose Counseling and Behavioral Services, LLC (MWR). *If you choose not to acknowledge understanding, this does not exclude clients from financial responsibility.*

_____ FEES & PAYMENT: MWR's fee for a 60-minute session is \$155.00; 45-minute session is \$135.00, and 30-minute session is \$100.00. The initial intake appointment fee is \$180.00. The fee or co-payment will be collected from you at the time of the session. If we decide on a different time frame, fees will be prorated accordingly. If you use your insurance, MWR will accept their rate of payment, collect any co-payment at time of session, and bill the insurer. You are responsible for knowing your benefits and for payment of any fee or part of a fee that the insurer does not pay, and are responsible for that payment. MWR reserves the right to assess a finance charge on past due bills, or in extremely delinquent cases, turn them over to collections. ***If you require paperwork such as FMLA, ADA, Disability, etc. to be filled out as part of your treatment, there is a fee of \$35 per occurrence for this service that is billed to you directly, not through insurance. This will be due prior to paperwork being sent out.***

_____ CANCELLATION POLICY: MWR clinicians make every effort to accommodate as many clients as possible during the times available during the week. For that reason, it is necessary to have a cancellation policy that is fair and reasonable for all concerned. When you must cancel, please provide MWR and/or your clinician notice by telephone or email at your earliest convenience. ***Cancellations must be provided 24 hours in advance. You will be billed a \$50 late cancellation fee for any appointment that is not cancelled within this time frame or for no-shows.*** If you are scheduled for a couples session, due to the nature of this work, if one member of the couple late cancels or no-shows, the session will be rescheduled and you will be billed a late cancellation fee. If you have three occurrences where you do not show up for appointments and do not provide adequate notice, MWR reserves the right to terminate counseling and refer you to another therapist. If you have three no-show occurrences and do not provide adequate notice of cancellations, MWR reserves the right to terminate counseling services and provide you with referral to another therapist service.

_____ Client is responsible for knowing insurance benefits and coverage. MWR Counseling submits claims to insurance carriers as a courtesy and cannot guarantee benefit information that they have been given.

_____ Client is responsible for knowing insurance plan coverage and is responsible for any charges that may be incurred as a result of participating in services by more than one mental health provider (psychologist, psychiatrist, psychiatric nurse practitioner, etc.) within the same day.

_____ Client is responsible for payment of copay, coinsurance, or deductively amount at time of service. If copay or coinsurance amount is unclear at time of service, client may be subject to a visit fee of \$30. If

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insurance pays fee in full, MWR will refund visit fee to client.

_____ Client is responsible for providing EAP authorization numbers *at time of service*. If this is not provided at time of service, insurance will be billed. If a client receives extension of a current authorization that is not provided to the clinician **by the client, by the date of service** insurance will be billed. If a client becomes aware of EAP benefit eligibility, claims submitted to insurance will not be backdated nor will EAP authorization be applied to these dates of service. EAP submission of claims will start at time provided. Clients will be responsible for remaining balances, copays, co-insurance of dates of service billed to insurance.

_____ If client is a minor, the responsible guardian/custodian must make payment arrangements with **Cindy Scott, MWR Office Manager, 319.250.1259**, to determine payments made at time of service.

_____ If there is a balance on the account, paper statements will be mailed the first week of each month. Remaining balance is due upon receipt of statement and no later than the 28th of the month.

_____ MWR reserves the rights to suspend/terminate treatment if client balances reach excess of \$300 and appropriate financial arrangements have not been made. MWR will provide referral information to local agencies or providers that offer financial assistance in the form of sliding scale fees.

_____ Checks returned for insufficient funds will result in a \$35 charge to client account.

_____ If materials are provided to clients for use and are unreturned, MWR reserves the right to charge client for these materials.

_____ In the event there is overpayment on the account, reimbursements will be sent quarterly.

_____ MWR reserves the right to send client accounts to collections if payments have not been made in 60 days.

I acknowledge that I have received Murray, Wilson & Rose Counseling and Behavioral Services fees, cancellation policies, billing/payment policies and procedures. I acknowledge that I have read the above information and clarified any questions or concerns. I understand that I have a right to a copy of this information.

CLIENT NAME: _____ SIGNATURE: _____

Parent/guardian _____ Date _____

Witness/CLINICIAN: _____ Date _____

I would like to receive a copy of this disclosure statement Yes Decline