

KEEP MOVING»»FORWARD

COUNSELING & CONSULTING LLC

FEE SCHEDULE EFFECTIVE February 1, 2020

CPT code

90791 Initial Consultation /Diagnostic Evaluation	\$ 145
90832 Individual Counseling (16 - 30 minutes)	\$ 65
90834 Individual Counseling (45-minute hour)	\$ 100
90837 Individual Counseling (60 minutes)	\$ 120
90846 Family Counseling (60 minutes / client not present)	\$ 120
90847 Family Counseling (60 minutes / client present)	\$ 120
Marriage/Relationship Counseling Assessment(90 min; 1st 3 sessions)	\$ 150
Marriage/Relationship Counseling (60 min; subsequent sessions)	\$ 120
90853 Group Psychotherapy (90-120 minutes)	\$ 65
Minimal face-to-face or phone consultation less than 10 minutes	No Charge
98968 Extensive phone consultation or correspondence more than 15 minutes	
\$ 30 per 15 minute increments	
90785 Therapy Add on (15 min increments)	\$ 30
Written Assessment Report	\$140 per hour/ 2-hour min
Missed appointment /Late Cancellation	\$ 50

Counseling Supervision

\$ 45 / per hour

Based on information provided by your insurance company your fee at the time of service is estimated to be deductible met/not met/unknown

Initial consultation	\$ _____
Follow up sessions	\$ _____
Deductible	\$ _____
Co-pay after deductible	\$ _____

Credit card policy

- We ask that you leave a credit or debit card for your account before or during your first visit. We will work with your health plan to determine your payment amount for your sessions. Before your card is charged, we will email you an invoice for any services for which you are responsible. We will then process the payment for you automatically, 7 days after you receive our invoice, and email you your receipt.
- Due to the number of high deductible health plans and higher patient co-insurance benefits, this has become necessary at our organization. Please keep in mind, we will not charge your card if you do not owe anything.
- We will charge your card the amount that your health plan determines is your responsibility.

- After your appointment, you will receive an explanation of benefits (EOB) from your insurance that will confirm your payment responsibility. We receive the same letter within 7-30 days following your appointment. We will review each EOB carefully and charge your credit card with the amount that is determined by your health plan to be your responsibility. You will receive an email statement before your card is charged.
- We recommend you contact your health plan to determine if you have a deductible and the exact amount of the deductible. An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your health plan begins paying. Your deductible begins annually at the start of your health plan year. Health plans can start on any date. You may find out when your deductible has been met by calling your health plan at any time. Some health plans enable patients to view this information online.
- If you do not have a credit or debit card, we can accept a deposit at check-in before your appointment.
- We will only charge you the amount determined by your health plan in your EOB. However, we will work with you if there has been a mistake on your bill and refund you the necessary amount to correct any error.

Q: I do not have a deductible/I have dual plans. I will never owe you anything. Do I still need to give you a credit card? A: Due to the complexity of health plans, patients are not always aware of a payment responsibility. Additionally, changes to health plans happen often, which can make you responsible for payments without your knowledge. So we ask all patients to save a card on file to ensure we are prepared in the event they do have a payment responsibility.

Q: Who can I talk to about this policy? I do not want to participate. A: We can answer any questions you have – or you may speak with the owner to answer your questions. We understand this is a new policy that may be unfamiliar to you. However, it is similar to the process you experience to check in to a hotel or rent a car.

Insurance may not reimburse for mediation, review of records, extensive phone consultation or missed appointments. You are responsible for any portion of the fee, including co-pays and deductibles, that insurance does not pay.

This is merely an estimate and we cannot guarantee this is the final amount due.

Thank you

Keep Moving Forward Counseling & Consulting LLC

515 Windsor Park Drive

Dayton, OH 45459-4112

I have read and understand the Fees and Insurance section and have received a copy of the fee schedule.

Client Name: _____

Responsible Party Signature _____

Date: _____