Welcome To Lilac City Counseling, Inc.

Lilac City Counseling, Inc. is a private group practice providing psychological services to children, adolescents, adults, couples, and families. Welcome to our practice. We would like to inform you of our office policies on appointments, fees, and billing.

**APPOINTMENTS:**

Our office is open Monday through Friday. All services are provided by appointment only. Your initial appointment will be an evaluation session, in which your clinician will collect information about your background and current problem. Your clinician will determine with you if treatment is needed and your clinician will develop a treatment plan with you. Our treatment policies are outlined in your intake questionnaire.

**After Hours Coverage:**

We have a voice mail system which allows you to leave a message for your clinician when the office is closed. We also have 24-hr emergency phone/pager coverage. The emergency phone number is on the main outgoing phone message for the Lilac City Office (not the individual clinicians’ mailbox messages). If there is an emergency, please call the emergency number and leave a voice message on that voice mail machine. The clinician on call will contact you by phone as soon as possible. Non-emergency phone calls will be returned by the next business day or the next day your clinician is in the office.

**Cancellation/No-Show Policy:**

Consistent attendance at therapy appointments is an important contributor to the success of your treatment. We understand that occasionally situations arise that require a cancellation. However, when clients frequently cancel or fail to come to appointments it interrupts and/or interferes with the treatment process and it takes away treatment opportunities for other clients. If you have to cancel an appointment, we require that you give us 24-hr notice, so that the reserved time can be used for emergencies or clients on the cancellation/wait list. If you fail to come, or cancel with less than a 24 hour notice for three therapy appointments, you may be discharged from services at Lilac City Counseling for a failure to participate meaningfully in treatment. If you repeatedly cancel with notice, your clinician may discuss with you your level of commitment to ongoing treatment.

**FEES:**

We accept payment by CASH and CHECKS only. Payment of copays and deductibles are expected at date of service.

**Therapy**:

Our fee for an initial evaluation session is $160.00. Our fee for an hour therapy session is $150.00 and for a 45-minute therapy session is $130.00.

**Reports:**

Our fee for other professional services, such as report writing, preparation of records or treatment summaries to any outside person or agency (except another mental health provider) and telephone calls for legal or disability issues which exceed 10 minutes will be charged on a prorated basis of $130.00 per hour. Payment will be required before the release of reports, letters, and/or treatment summaries.

**Cancellations:**

You will be charged $65.00 if you do not cancel with a 24-hr notice. This fee is your responsibility; you will be asked to pay this fee before another session will be scheduled. Any additional appointments that have been booked in advance will also be cancelled until you have contacted your clinician and made arrangements to pay the $65.00 no-show/late cancellation fee.

**Returned Checks:**

Returned checks will be subject to a $40.00 service fee.

**Legal:**

We do not provide forensic services. Our primary objective is to provide therapeutic services. Our role is not to assess fitness for custody, to serve as an advocate or to act as an expert witness. If in the course of providing these therapeutic services, our professional services are also requested in legal matters, our fee is $175.00 per hour. In the event that we are asked or subpoenaed to testify in court, we will bill the party issuing the subpoena (or request to testify) for time needed to prepare testimony; for expenses to consult our own attorneys (if needed); and since time needed to testify in court proceedings is often unpredictable (at least half a day), the clinician will need to clear at least a half a day from their schedule to go to court. Payment of an estimated fee will be required prior to the actual court appearance.

**Responsibility for Fees:**

If a divorce of legal separation has occurred, the parent scheduling and bringing a minor child for services has the responsibility for payment of our fees regardless of your legal stipulations.

**INSURANCE AND BILLING:**

If you have insurance, we complete and process your claim for services for you. It is your responsibility to know whether you are required to have prior authorizations for services. It is also your responsibility to learn about your deductible, co-payment, and co-insurance amounts. Payment for deductibles, co-payments, and co-insurances is expected at the time the services are rendered. All fees are your responsibility regardless of your insurance status from the date services are provided. Our staff will be happy to answer questions related to insurance billing.

If you are covered by more than one insurance, you must inform us of all the insurances under which you are covered, since there are rules about which insurances must be considered primary and which must be considered secondary and our clinicians do not participate with all insurances.

Please let us know immediately if there are any changes to your insurance coverage.

**COLLECTIONS:**

We use reminders, letters, and phone calls as part of our collection procedures. If unpaid balances are over three months old, suspension of services will occur until payment is made in full. We understand that temporary financial problems may affect timely payment of your account. Please inform your clinician of any financial issues and we will work out an agreement with you.

If you have any questions about the preceding information, please do not hesitate to ask.