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PRACTICE POLICIES and FINANCIAL POLICIES

PRACTICE POLICIES

1. APPOINTMENTS AND CANCELLATIONS

- If you do not show up for your scheduled therapy appointment and/or do not cancel **at least 24 hours in advance** you will be auto-charged \$85 to the credit/debit card you have on file. This is necessary because a time commitment is made to you and is held exclusively for you. Some exceptions may be considered for emergency and weather-related cancellations only.
- Insurance plans **do not** cover or reimburse for no-show/late cancel fees.
- The standard meeting time for psychotherapy appointments is 45-60 minutes. **If you realize you may be late, please contact me immediately.** If you realize you may need to end our session early, please let me know as soon as possible. I may decide that it is best to reschedule our session completely based on my availability at that given time.
- If it is determined that you are unable to attend your regularly scheduled standing appointments (weekly, bi-weekly), your standing appointment time slot may be suspended and opened up for others who are able to attend consistently. You will still be permitted to schedule based upon what openings I have on a week-to-week basis.

- In the event that I need to cancel/reschedule an appointment with you, I will let you know as soon as possible and will contact you via the contact information you have provided me with. It is important to keep me updated on any changes you may have to your phone number, mailing address, and email address so that I am able to reach you when necessary.

2. INSURANCE INFORMATION

- If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Currently, I am an in-network provider with Blue Cross Blue Shield plans. With your permission, I will bill your insurance company for your sessions. You are responsible for knowing your coverage and for letting me know if/when your coverage changes. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. You must contact your insurance carrier and complete the Insurance Preauthorization form prior to your first session. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by you, the client. Either amount is to be paid at the time of your appointment by cash, check, or credit card. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount, that you must pay before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. It is important to remember that you always have the right to pay for my services yourself if your insurance is prohibitive.
- You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. There is a copy in my office and I will be glad to let you see it to learn more about your diagnosis, if applicable. Sometimes I

have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in very rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, if you request it. By signing this document, you agree that I can provide requested information to your carrier at the carrier's request if you plan to pay with insurance.

3. SELF-PAY & OUT-OF-NETWORK

- If I am not in-network with your insurance carrier, you do not have health insurance, and/or you do not want to use your health insurance, I do offer a flat self-pay rate. Payment is due at the time of your appointment via cash, check, or credit card. If you would like a receipt for services rendered, please request one. Some clients choose not to use their insurance or seek reimbursement from insurance as it may negatively affect security clearances and life insurance policies.

4. TELEPHONE ACCESSIBILITY

- If you need to contact me between sessions, you may leave a message on my voicemail, send me a text message, or send me an email. I will attempt to return your contact within 24 hours. If a true emergency situation arises, please call 911 or go to any local emergency room.

5. SOCIAL MEDIA AND TELECOMMUNICATION

- Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social media site (Facebook, Instagram, LinkedIn, etc). I believe that adding clients as friends/contacts on these sites can compromise your confidentiality and our respective

privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

6. ELECTRONIC COMMUNICATION

- I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so as well. I request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

7. TERMINATION

- Ending relationships can be difficult. Therefore, it is important to have a termination planning process in order to achieve some closure. The appropriate length of the termination planning process depends on the length and intensity of our treatment. I may choose to initiate termination after appropriate discussion with you regarding the proposed termination planning process. Reasons for termination may include if I determine that the psychotherapy is not being effectively used, if you are in default on payment, or if you are no-showing/late for appointments on a consistent basis. I will **not** terminate our therapeutic relationship without first discussing and exploring the reasons and purpose of terminating with you. If therapy is terminated for any reason or if you request to see another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.
 - If we do not meet for any appointments and have not had any phone call/written contact with one another for four (4) consecutive weeks, for legal and ethical reasons, **I will consider the professional relationship discontinued and your file will be closed.** You will receive written confirmation of termination and appropriate alternative referrals should this occur.

- Clients often inquire about the ability to resume therapy in the future after their file has been closed. This all depends on my schedule availability at the time you wish to return. While I try to bring former clients back as quickly as possible, sometimes my schedule is booked, in which case you would be offered the option to go on a waiting list. If you had outstanding financial debt owed at the time your file was closed, all balances must be paid in full prior to resuming therapy.

FINANCIAL POLICIES

1. The Client Portal you will gain access to includes a Credit Card Information Form to fill out before your first appointment for your convenience. If you choose not to use the form on the Client Portal, you must complete the payment portion of the Financial Policy form at your first appointment order to manually process your credit card with the secure merchant. All clients no matter what their payer source (insurance, out-of-network, etc) are required to leave a valid credit card on file.

*****BY SIGNING THIS FORM YOU ARE GIVING PERMISSION FOR
YOUR CREDIT CARD TO BE CHARGED AFTER EACH
SESSION*****

2. Returned checks will be subject to a \$50 return check fee which will be added to your balance and must be paid before your next session.
3. If your credit/debit card is declined a bill will be emailed or mailed to the address you provide (unless you direct otherwise). Payment of all services is expected within 30 days of the date the services are provided. This bill must be paid before your next session.
4. If you do not have a future session, your balance is due within 30 days. A finance charge of 1.5% per month (an annual percentage rate of 18%) may be added to any past due balance accrued. Accounts with balances more than 3 months old may be referred to collections for processing. If

your account goes to collections, you will be responsible for the 30-35% collection charges incurred by the collection agency in collecting this debt. This 30-35% will be added to your bill balance.



By initialing this box and/or e-signing this document on my client portal, I acknowledge that I have fully read, understand, and completely agree to the terms of the financial policies and practices with Jessi Collins Therapy, LLC / Jessi Collins, LCSW-C.