The Center
for Christian Counseling, Consultation & Training, Inc.

4868 High Crossing Blvd.
Madison, WI 53704
608.274.8294
608.274.8783 Fax

AODA CLIENT FEE AGREEMENT

I have read and I understand The Center for Christian Counseling, Consultation and Training, Inc.'s (The Center) billing policy and procedures (see Client Handbook) and agree that:

- **My insurance company is_____; my co-pay is_____.**
- **My deductible is_____. My deductible begins on _____. My co-insurance is _____.**
- **We request all clients have credit card information on file. Your credit card on file will be charged for a broken/missed appointment.**
- **I authorize you to charge my: ❒ credit card, ❒ HSA, ❒ FLEX, ❒ debit card, for services.**

***** Note: Broken appointments cannot be charged to an HSA or FLEX card *****

- **My card number is _____-_____-_____-_____. Exp. date_____. CVC _____.**
- **Client signature_____.**

All fees are <u>my</u> responsibility. I am expected to make all payments and co-payments at the time of service. I can pay with cash, check, HSA account, or credit card. If services are rendered and I don't pay, the clinic will charge the credit card (non-HSA/Flex card) I have on file at the Center for that service.

I will be personally charged full fee for appointments cancelled with less than 24 hours notice, except in an emergency. This fee will be charged to my non-HSA/Flex credit card on file. (Exception: Medicare/Medicaid clients).

All outstanding balances 30+ days past due will have a delinquent service charge computed by a "periodic rate" of 1.5% per month which is an ANNUAL PERCENTAGE RATE of 18%, applied to the unpaid balance.

I will be responsible for NSF checks at a fee of $45.00.

I consent to give permission for The Center and staff to send letters, invoices, and other correspondence to my mailing address listed on my Client Billing Information form.

<u>CURRENT FEES</u>:

<u>Clinical Substance Abuse Therapists:</u>
$210.00 for 60 minute initial assessment with Clinical Substance Abuse Therapist
$180 for 53+ minute therapy session with Clinical Substance Abuse Therapist
Subsequent sessions longer than 53 minutes are based on above level pro-rated hourly rate of $180.
$100/each group session with Clinical Substance Abuse Therapist

<u>Psychologist:</u>
$240.00 for 60 minute initial assessment with Psychologist
$210.00 for 53+ minute therapy session with Psychologist
Subsequent sessions longer than 53 minutes are based on above level prorated hourly rate of $210.

$210.00 per hour for psychological testing and evaluations.

$250.00 per hour with Psychiatrist for evaluations.

<u>Groups</u>: $100.00 per client for each therapy group.

_____ _____
Client Signature Date Client Signature Date

_____
Therapist Signature Date