

# BALDWIN COUNSELING

1492 South Independence Blvd. Suite 104 Virginia Beach, VA 23462  
Office: (757) 340-0275 Fax: (757) 340-0276

## Baldwin Counseling Payment Agreement

Baldwin Counseling believes that a clear understanding of our financial policies is important for both client and therapist. We are fully committed to helping you accomplish the goals you establish when you enter counseling and to help you maximize your investment of time and finances. Baldwin Counseling will deal with you fairly, equitably and with sensitivity in financial matters. The following information clearly describes our financial policies. A copy of your records will be provided upon written request, with applicable fees remitted.

CLIENT NAME \_\_\_\_\_ Date of birth \_\_\_\_\_  
RESPONSIBLE PARTY \_\_\_\_\_ Date of birth \_\_\_\_\_  
RESPONSIBLE PARTY SSN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

### INSURANCE INFORMATION

- **I agree to pay my co-payment, coinsurance, and/or deductible** at the time of service.
- **As a courtesy we will verify insurance benefits.** Any co-payment, coinsurance, or deductible we charge are based on the benefits provided by the insurance company(s) Patients are responsible for any outstanding balance in the event that the insurance carrier denies benefits, changes co-payment, alters your deductible, retracts a payment, or does not provide benefits as estimated. Patient or Responsible Party is responsible for the balance regardless of the reason the insurance denies coverage.
- **Patients must notify our office of any changes to their insurance no later than 48 hours prior to an appointment** or patient may be responsible for the full standard fee (\$125.00) for that appointment.

### SELF PAY INFORMATION

- **I agree to pay the rate of \$125.00 per session at the time of service.**

### PAYMENT INFORMATION

- **Full payment is due at the time service.** *Credit cards, cash and checks are accepted.*
- **Patients will incur a monthly interest rate of 1.67% (APR of 20%) if their account balance is not paid in full within 30 days of the billing date.** *Patient will be responsible for payment of these charges, as well as any collection costs including, but not limited to, attorney fees should collection become necessary.*
- **Patients will be charged \$100.00 for a return check or returned credit card payment.**
- **Patients will be charged a fee of 20% of the balance due if the account is sent to collections and the patient (or any member of the patient's family) cannot be seen if the account is in collections.**

### MISSED APPOINTMENT FEE

- **Patients will be charged \$125.00 for a missed appointment fee** for appointments that are cancelled less than 24-hours in advance. **Patients may phone the office anytime to cancel an appointment. The voice mail is date and time stamped.**

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- Missed Appointment fees are not covered by insurance and are the responsibility of the patient.

### **ADDITIONAL CHARGES**

- Patients are responsible for additional charges for services that are incurred during the business hours, including telephone calls over ten minutes between the therapist and the client/parent of the client and consultation with other professionals at the rate of \$150.00 per hour, billed in ten-minute segments.
- After hours calls, written consultations and telephone consultations of ten minutes or more will be charged at the therapist's discretion and disclosed to the patient. After business hours calls will be billed in ten-minute segments at the rate of \$150.00 per hour
- All court-related costs (preparation, travel, consultation, reports) are billed at \$200.00 per hour.
- A deposit of \$800.00 is due at least fifteen days before the court hearing and \$600.00 is non-refundable.
- If court is cancelled less than 24 hours before the hearing time, the full cost of cancelled clients and travel time will be assessed.
- Coparenting is not covered by insurance. The rate for coparenting is \$125.00 per forty-five minutes and is payable at time of service. Subsequent appointments will not be made if there is a past due balance from either participant.
- Costs associated with preparation of reports and letters, as well as consultations, that are not court related, are billable at \$150.00 per hour. I recognize that professional services include time and services for preparation for the scheduled session, the actual time in session, time spent outside of the session for case review, case notes, confidential consultations with professional colleagues (with appropriate releases).
- If there are two missed appointments, the therapist may terminate services and the client's return to counseling will be by mutual agreement between the therapist and the client. No further sessions will be scheduled until all fees are paid and the client speaks to the therapist.
- Telephone consultation is not covered by insurance and is billed at \$150.00 for forty-five minutes.
- If a patient arrives more than 20 minutes late, the session will be billed as a missed appointment (\$125.00) and the patient will be responsible for a missed appointment fee. If the patient is late, only the remaining portion of the allotted time will be utilized.
- Specific to children: The parent who signs the payment agreement is responsible for all financial obligations. It is the responsibility of the parent(s) to comply with any court order that requires that the parents share costs. Baldwin Counseling will hold the parent who signs the agreement responsible for 100% of all costs, including any missed appointment fees generated by either parent.

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- **Specific to children: It is the parent's obligation to address cost sharing with the other parent. Baldwin Counseling does not split the costs of a single therapy appointment between parents. The collection of the payment is not based on which parent provides insurance.**
- **Specific to Children: If a child misses more than two appointments (without a valid reason), that parent may not reschedule without consultation with the therapist and all fees remitted. The other parent may continue to schedule, as appropriate. If a non-custodial parent misses two appointments, further appointments will not be scheduled, and the custodial parent will be notified.**
- **I understand that if this form is not signed, insurance cannot be billed and all payments for services must be made at least forty-eight hours prior to the appointment. It is the discretion of Baldwin Counseling regarding whether services will be provided to a potential client who does not sign the payment agreement.**
- **I understand that if there is an emergency that prohibits me from canceling within 24 business hours, I can discuss this with my therapist directly and request a waiver of this policy but understand that Baldwin Counseling, P.L.L.C. is not responsible for granting this waiver.**
- **I understand that this agreement authorizes Baldwin Counseling, P.L.L.C. to charge my credit card for services requested and rendered.**
- **For clients choosing to utilize their health insurance benefits: I consent for Baldwin Counseling, P.L.L.C. to release healthcare information necessary to process my insurance claims.**
- **For clients choosing to utilize their health insurance benefits: I hereby authorize payment directly to Baldwin Counseling, P.L.L.C. for any benefits due for treatment.**
- **For clients choosing to utilize their health insurance benefits: I agree to tell my therapist about any changes in my health insurance coverage as soon as they occur.**

I accept financial responsibility for the patient account and the terms of the payment agreement. I recognize that I cannot sign this form for another person.

\_\_\_\_\_  
Name of Patient/Responsible Party      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_        /  /    
Social Security Number      Date of Birth

\_\_\_\_\_  
Signature of Patient/Responsible Party (if Minor)

Date \_\_\_\_\_

Relationship to patient \_\_\_\_\_