

SAMARITAN COUNSELING CENTER

1803 OREGON PIKE • LANCASTER, PA 17601 • 717-560-9969 • FAX 717-560-9553

FEE POLICY

COUNSELING FEES AND PAYMENT: All fees for services received at the Samaritan Counseling Center (SCC) are your responsibility. Since insurance coverage is variable, SCC cannot guarantee what services will be covered by any insurance plan. SCC requests that you contact your insurance company for benefit information related to outpatient mental health.

If SCC is a **contracted** provider with your insurance company, a co-pay and/or co-insurance will be expected at the time of each session. Co-pays/co-insurance/deductibles are determined by your insurance company and your plan. If your payment is determined to be incorrect upon receipt of the Explanation of Benefits from the insurance company, you are responsible for any underpayment; SCC will refund any overpayments. Clients are also responsible for any annual deductible. **Please obtain co-pay, co-insurance, deductible and mental health benefits information from your insurance company prior to the first appointment.**

If SCC is **not a contracted** provider with your insurance company, payment in full will be expected at the time of each session. An itemized receipt will be given to you at each session for submission to your insurance company. Please refer to the fee schedule below.

We accept Mastercard/Visa/Discover, check made payable to Samaritan Counseling Center or cash. A \$15 service charge will be levied on all checks returned by a bank for insufficient funds.

If you or the client (if the client is a child) are not the responsible party for payment, please print the name and address of the person responsible. If the payor is not you, please have the responsible party read and sign a copy of this form as well.

Name: _____

Address/City/State/Zip: _____

FEE SUBSIDIES : In the case of special financial need, a subsidized fee (based in part on total family income and size) may be arranged with the therapist as funds are available. Payment of the client's portion of the fee is to be made at each session.

APPOINTMENTS AND CANCELLATIONS: If you are unable to keep a scheduled appointment, SCC must be notified at least 24 hours in advance. This can be accommodated by talking with the receptionist or your therapist or leaving a message on SCC's voice mail system. For cancellations or reschedules made with less than 24 hours notice or for a missed appointment, clients will be charged \$40. If two or more appointments are missed, cancelled or rescheduled with less than 24 hours notice, clients will be charged \$80 for each missed or late cancelled appointment. Unforeseen emergency situations will be taken into account. If you have any questions, please discuss this policy with your therapist.

ANCILLARY SERVICES: If you request services beyond the typical standard of care, such as records review from another provider or a school, phone or in-person discussion with, but not limited to, such contacts as a school counselor, another provider or a case manager, these services are billed directly to you at \$100 per hour and are not reimbursable by your insurance company.

SERVICE	REGULAR FEE	FEE IF PAID AT TIME OF SERVICE	SERVICE	REGULAR FEE	FEE IF PAID AT TIME OF SERVICE
Adult Initial Evaluation	\$160.00	\$145.00	Child or Family Ongoing Session (38-52 minutes minutes)	\$120.00	\$105.00
Child or Family Initial Evaluation	\$170.00	\$155.00	Abbreviated session (greater than 16 minutes)	\$80.00	\$72.00
Adult Ongoing Session (38-52 minutes minutes)	\$110.00	\$95.00	Extended session (greater than 53 minutes)	\$140.00	\$125.00

Ancillary Services: \$100 per hour. Not billable to insurance (see above).

Vouchers from Partner Churches are worth one session – session can be one initial evaluation or one ongoing session.

Client signature (or parent/guardian signature if client is a minor) _____ Date _____

*Signature of minor client, if minor is 14 years or older _____ Date _____

Staff Signature _____ Date _____