

Patient Name: _____

DOB: _____ MRN: _____

LeBauer Behavioral Medicine Service Agreement

Please read the following important information and sign and date where indicated.

As part of your commitment to your care, you should arrange for child care prior to your appointment, though special circumstances arise and can be considered on a case by case basis. Please do not leave children unattended in the waiting room.

Consent for treatment:

All patients requesting Behavioral Medicine services which may include individual, couples, group or family treatment, and other diagnostic and treatment services deemed necessary, must give written consent to receive these services. Parents must provide written consent for their minor child. The patient name listed at the top of this form is the identified patient in our records. Appointments will be billed under this patient name and medical record number.

Fees and Insurance Coverage:

We have contracted rates with most insurance companies, and most likely you will only have a copay. If you are not filing your insurance, or need to know how much we charge, gross fees for Behavioral Medicine services are based on:

- Initial diagnostic session \$335.00
- Psychotherapy 53+ minute session \$290.
- Psychotherapy 38-52 minute session \$195.
- Psychotherapy 16-37 minute session \$150.
- Conjoint, marital or family psychotherapy session \$250.
 - Please be aware that not all insurance companies will pay for appointments that include more than one person!
 - Please know that if you are being seen as a couple it is important for both of you to be at each session, and insurance may not cover family therapy when only one person is present.
- For Quitsmart smoking cessation there is a one-time fee of \$155 (which is non-refundable and not covered by insurance).

If you wish to use your health insurance LeBauer HealthCare will bill directly to your insurance company. We will assist you in determining your insurance benefits and coverage for our services. However, **you are ultimately responsible for understanding your benefits.** You may have a deductible, and/or co-pay. Authorization may be required by your insurance; often the insurance company requires communication from you to provide us with an authorization number. Additionally, insurance companies may have a visit limit, which you are also responsible for keeping track of. Our office recommends you call the 1-800 number on the back of your insurance card to verify benefits.

- Please indicate if you would like for us to file your session with your insurance company:
 - _____ Yes
 - _____ No

Your co-pay is expected at the time of service. If you are not using insurance, payment in full is due at the time of service unless other arrangements have been made.

You are responsible for any amount not paid by your insurance company. This will include copays, deductibles, and co-insurance as well as non-covered services.

You may discuss payment plans and sliding scale fees with our patient accounting department. Patient accounting can be reached at 844-566-1324. Please direct any billing questions to them.

You may be charged if:

- **If you fail to keep a scheduled appointment or do not cancel at least 24 hours in advance. If you are scheduled for a Monday appointment you must cancel by 12:00 noon on Friday.**

Insurance does not pay for missed appointments; therefore you will be billed for this time. This time has been reserved for you and cannot be used by another patient without sufficient notice from you; consequently it is your responsibility to pay for the time.

- **Telephone consultations are time consuming and a fee will be assessed for time spent over 15 minutes.** This may include conversations (at your request or with your permission) with you, your family, and with other professionals and/or ancillary contacts.
- **Paperwork such as assessment forms, and letters on your behalf for various reasons per your request are also time consuming, and will be assessed a fee.**
- If you have a returned check, patient accounting, will assess a service fee.
- Patient accounting may use a collection service to retrieve any balance, which remains unpaid after 90 or more days.

Confidentiality:

LeBauer HealthCare holds that all client information is strictly confidential. Your information is not released to anyone without signed, informed consent by the patient, and/or parent/guardian of a minor.

We utilize an automated appointment reminder system, which calls to remind you of your scheduled appointment. If you do not wish to be reminded please notify our office.

Confidential information may be released without your consent if:

- You are at risk of harming yourself or others.
- Your records have been summoned by court order.
- Child or elder abuse is suspected. Your therapist is bound by state law to report these cases to the Department of Social Services.
- **By signing below you give consent to LeBauer Behavioral Medicine to correspond with your referring or primary care doctor regarding your psychotherapeutic treatment, which will be kept in your confidential medical record.**

Please provide an emergency contact that we may speak with, in the event that we are unable to reach you:

Name: _____ **Relationship:** _____ **Phone number:** _____

Electronic and Social Networking Policy:

- **Please be aware that for your own confidentiality, the clinicians in this office will not “friend” or accept “friend requests” through Facebook or any other social networking site.**
- **If you email a clinician, you may do so only with their approval, with the intent of providing them with an update on your condition or circumstances. They may not reply to your email, and they will not provide therapeutic services via email. If they receive an email from a friend or family member on your behalf, they will not respond, as they cannot confirm that you are a patient.**

Coordination of Health Care Services:

In order to fulfill our mission to provide comprehensive health care to our patients, we request that our patients give us permission to release information about their treatment in Behavioral Medicine to their primary care and/or referring physician. We believe that coordinating our services enhances their effectiveness. This information would include diagnosis, treatment plan, and a brief summary of the patients’ response to therapy will be forwarded to the referring and or primary care doctor periodically throughout the treatment process and at termination. It will be included in the patients’ medical chart. **If you object to this please notify your Behavioral Medicine provider.**

Statement of Understanding and Consent:

I have read this service agreement, fully understand its contents, and agree to abide by its terms.

Patient Signature

Date

Parent or Guardian Signature

Date

Patient copy: LeBauer Behavioral Medicine Service Agreement

Consent for treatment:

- All patients requesting Behavioral Medicine services which may include individual, couples, group or family treatment, and other diagnostic and treatment services deemed necessary, must give written consent to receive these services.
- Parents must provide written consent for their minor child.
- The patient listed at the top of the signed service agreement is the identified patient in our records.

Fees and Insurance Coverage:

- **You are ultimately responsible for understanding your benefits.** You may have a deductible, and/or co-pay. Authorization may be required by your insurance; often the insurance company requires communication from you to provide an authorization number. Additionally, insurance companies may have a visit limit, which you are also responsible for keeping track of. **Our office recommends you call the 1-800 number on the back of your insurance card to verify your benefits and coverage of mental health services.**
- **Your co-pay is expected at the time of service.** If you are not using insurance, payment in full is due at the time of service unless other arrangements have been made. If you pay at the time of service or within 15 days of invoice you are entitled to a 10% prompt pay discount.
- **You are responsible for any amount not paid by your insurance company. This will include copays, deductibles, coinsurance and any non-covered services.**
- **All insurance companies do not cover conjoint or marital visits.** Please check with your insurance to clarify your coverage before you bring someone with you, into your therapy session.

You may be charged if:

- **If you fail to keep a scheduled appointment or do not cancel at least 24 hours in advance, you will be responsible for a \$50 no show fee. If you are scheduled for an appointment on Monday, you must cancel by 12:00 noon on Friday.**
- If you have a returned check, LeBauer HealthCare, will assess a service fee and may use a collection service to retrieve any balance, which remains unpaid after 90 or more days.
- **Telephone consultations are time consuming and a fee will be assessed for time spent over 15 minutes.** This may include conversations (at your request or with your permission) with you, your family, and with other professionals and/or ancillary contacts.
- Paperwork such as assessment forms, and letters on your behalf for various reasons per your request are also time consuming, and will be assessed a fee, based on the amount of time taken to complete the forms. This fee will be billed to you. If you would like to submit fees to a third party for reimbursement after you have paid our office, you may do so and we will be glad to give you a receipt for paid services.

Billing and Patient Accounting:

- We do not originate billing correspondence in our office.
- If you receive correspondence from our third party billing department, please contact them promptly and directly.
- If you are not filing insurance and you pay at the time of service, or within 15 days of invoice, you are entitled to a 10% prompt pay discount. Please contact patient accounting to have this applied to your account.
- You may discuss payment plans and sliding scale fees with our patient accounting department. Patient accounting can be reached at 844-566-1324. Please direct any billing questions to them.
 - If you have a returned check, LeBauer HealthCare, will assess a service fee.
 - LeBauer HealthCare may use a collection service to retrieve any balance, which remains unpaid after 90 or more days.

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- **LeBauer HealthCare holds that all client information is strictly confidential.** Your information is not released to anyone without signed, informed consent by the patient, and/or parent/guardian of a minor.
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Coordination of care:

- You give separate written consent to LeBauer Behavioral Medicine to correspond with your referring or primary care doctor regarding your psychotherapeutic treatment, which will be kept in your confidential medical record.