



Hillary Schultz Therapy, LLC

3681 Green Road, Suite 404
Beachwood, OH 44122
www.schultztherapy.com

Phone: (216) 342-5484
Fax: (216) 450-1126
Email: hillary@schultztherapy.com

FEE STRUCTURE, PAYMENTS & INSURANCE REIMBURSEMENTS

Out of Pocket Counseling Rates

Individual	\$150 Flat rate per 60 minute session
Couples	\$160 Flat rate per 50 minute session
Families	\$175 Flat rate per 50 minute session

Payments & Insurance Reimbursement:

Clients who do not have insurance or are opting to not use their insurance, will owe the above rate, at the time of each session. If client's choose to bill insurance for their services, they should contact their insurance to confirm their mental health benefits, understand specifics of their plan, and obtain pre-authorization if necessary. If client's have a deductible that has not been met, they will owe the contracted rate (set by their insurance) at each session. Once deductibles are met, clients may then have no patient responsibility or, may owe a copayment or coinsurance (percentage of rate) each session, until the out of pocket maximum is due. It is the clients responsibility to understand their insurance plan benefits.

As a courtesy, prior the the first appointment, Hillary Schultz Therapy, LLC will request a quote of benefits from the insurance company. At times, however, this initial quote is inaccurate. If the quote we get is different than what you understand you plan benefits to be, please let us know and we'd be happy to obtain a second quote. If there is out of pocket cost anticipated (copayment, coinsurance or deductible payment due), client's will be informed and payments will be due at the time of each service. Once submitted to insurance and insurance reimbursement is made, adjustment for future sessions may be necessary based on how the claims process. The office will do their best to inform clients of any differences between initial quotes and adjustments based on difference in claim processing.

*If patient balances due for services are anticipated, a credit card is required to be kept on file. Fees are charged to the patients credit card on file, at the time of services. Whether self pay, or we are billing insurance, clients are expected to pay their portion of the patient balance due, if any, (including payments

CLIENT NAME _____

Intake Date: ____/____/20____

towards unmet deductible, coinsurance or insurance copay) at the time of each session. It is the clients responsibility to update Hillary Schultz Therapy, LLC if you would like to update the credit card on file or, if there are changes in insurance benefits.

Clients may be responsible for fees/charges related to extended telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. There will be no unexpected charges and clients will be informed of any fees. The time it takes for the therapist to do typical therapy notes for each session is included in the session fee.

In the event that an account is overdue (unpaid), Hillary Schultz Therapy, LLC has the discretion to discontinue services and/or use legal means (court, collection agency, etc.) to obtain payment. Hillary Schultz Therapy, LLC will be entitled to recover a reasonable amount of fees to cover the cost of collection.

*By signing this form, clients authorize Hillary Schultz Therapy, LLC to charge the credit card on file for patient balances due (including charges not paid by insurance and fees such as late cancelation and missed appointment fees).

Hillary Schultz Therapy, LLC does contract with the following billing company to assist with billing submission and collection:

Practice Solutions

Ypsilanti, MI

734-437-9432

The assigned biller will have access to information required to submit claims to insurance plans.

*By signing this form you acknowledge that Hillary Schultz Therapy, LLC has disclosed this information to you.

CLIENT NAME_____

Intake Date:____/____/20____