

Creative Psychology, Ltd.

North Ridge Professional Center, 610 N. Route 31, Suite E, Crystal Lake, Illinois 60012
Phone (815) 444-8469 - Fax (815) 479-1709 – www.creativepsychologyltd.com

FINANCIAL AGREEMENT

RESPONSIBILITY

By signing this form I acknowledge that I have been given a copy of the fee schedule listed below. I understand that I am financially responsible for the payment of all fees for services provided to me, or to an individual for whom I am legal guardian, and I agree to pay all fees.

FEE SCHEDULE AS OF JAN. 1, 2013

<u>CPT Code</u>	<u>Description of Services</u>	<u>Fee per Unit</u>
90791	Diagnostic Interview (60 min)	\$ 245.00
90832	Individual Therapy (30 min)	\$ 100.00
90834	Individual Therapy (45 min)	\$ 130.00
90837	Individual Therapy (60 min)	\$ 160.00
90846	Family Therapy (w/o client present) (45-50 min)	\$ 160.00
90847	Family Therapy (w/ client present) (45-50 min)	\$ 160.00
90853	Group Therapy (20-30 min)	\$ 35.00
90839	Psychotherapy for Crisis (first 60 min)	\$ 200.00
+ 90840	Psychotherapy for Crisis (each additional 30 min)	\$ 100.00
90882	Environmental Intervention (45-50 min)	\$ 160.00
90887	Psychiatric Explanation (45-50 min)	\$ 160.00
90889	Preparation of Report (45-50 min)	\$ 160.00
+ 90785	(add on code indicating interactive complexity)	\$ 40.00
99371	Phone Call Brief (10-15 min)	\$ 55.00
99372	Phone Call, Intermediate (20-30 min)	\$ 90.00
	Misc. Services (20-30 min)	\$ 90.00
	Missed Appointment	\$ 70.00
	Rebilling Fee	\$ 50.00
	Returned Check Charge	\$ 100.00
	Travel (20-30 minutes)	\$ 90.00
	Court-Related Services (including prep and travel time) (45-50 min)	\$ 420.00

PAYMENT

Payment is required at the time services are rendered (unless other arrangements have been made) and may be in the form of check, cash, or credit card. There is a \$50.00 rebilling fee for amounts 60 days past due. Accounts 90 days past due will be turned over to a collection agency, unless payment arrangements are made.

APPOINTMENTS

If I am unable to keep an appointment, I will provide notification as soon as possible. If an appointment is canceled or missed without 24 hours prior notice, I understand that I will be billed \$70.00 for the session.

INSURANCE

I understand that you may provide me with a receipt (which I can use to file my insurance) or that you may provide a service for me by filing insurance on my behalf. When you provide this service, I authorize you to release medical or other information necessary to process this claim. I also authorize payment of mental health benefits directly to Creative Psychology, Ltd. Your willingness to file insurance on my behalf in no way absolves me of my responsibility to pay fees in a timely manner. I agree that it is my responsibility to obtain any information my insurance company requires (including authorizations and pre-authorizations for treatment), information regarding my benefits (including deductibles and co-pays) and to resolve any discrepancies that may arise between fees for services and insurance payments. In the event that my insurance will not pay for any services provided or will not pay for services for specific diagnoses, I understand that I am responsible for payment. I understand that all deductibles and co-pays are due at the time of service and if my insurance company cannot provide the required information that I will pay the balance in full and the insurance company may reimburse me directly. I also understand that if I do not submit payment in a timely fashion that my account will be referred to an outside firm for collection and I will be responsible for all collection costs including any reasonable attorney's fees and costs.

PRIVACY NOTICE

I have received a copy of the Privacy Notice and understand my right to access this information.

I have read and understand the above statements.

Signature of client/guardian: _____ Date: _____

Address: _____

Signature of witness: _____ Date: _____

E-mail address: _____

Creative Psychology, Ltd.

North Ridge Professional Center, 610 N. Route 31, Suite E, Crystal Lake, Illinois 60012

FINANCIAL AGREEMENT – Page two of two