

**Counseling Center at MHA  
MENTAL HEALTH ASSOCIATION OF SO CENTRAL KS  
WICHITA, KS 672083673**

**Client Fee Agreement**

**Insurance:** The Counseling Center at MHA will file insurance claims on behalf of the client. The office will accept the maximum allowable reimbursement for services. The client is responsible for any deductible, co-insurance, and co-payment due. The client is 100% responsible for any non-covered services rendered. The Counseling Center will not become involved in disputes between the client and the insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered services, and "usual and customary" charge. Insurance benefits are a contract between the client and the insurance carrier; therefore, it is the client's responsibility to be informed and knowledgeable about the benefits available. The client is responsible for timely payment on the account. The client is responsible to inform us of any insurance changes, including additional or new policies.

**Co-Pays:** Co-payments are due at the time of service prior to the service. Failure to have co-payment at the time of service will result in rescheduling of appointment.

**Cash Discounts:** For those without insurance, the Counseling Center at MHA offers a cash discount at the time of service to those requesting services. The discount is offered only if paid at the time of service. Otherwise, published rates apply. Entry into medication services requires two separate evaluations.

**Un-Paid balances:** Clients normally receive a statement from the Mental Health Association monthly, after the insurance company has processed the claims. The statement reflects charges that insurance company has not paid. Payment is due within 30 days of the statement date. An account is considered past due if not paid by the date on the statement, unless prior arrangements have been made with the billing office. If no attempts at payments have been made, the account maybe referred to a collection agency. We accept cash, check, money orders, debit cards, MasterCard, Visa and Discover.

**Returned Check Fees:** The charge for a returned check is \$25.00 payable by cash or money order. This fee will be applied to the client account in addition to the insufficient fund amount. The Counseling Center at MHA reserves the right to prohibit this payment method if this occurs.

**Court Costs Consultation/Special Document Preparation:** If a client becomes involved in legal proceedings that require a therapist or clinician's participation, the client is expected to pay for all professional time related to the proceedings; including preparation, transportation, report writing, and actual time in attendance. These fees apply even if a therapist or staff is called by another party. The costs for these services are \$175.00 per hour.

**Refund Policy:** All payments received from client/insurance/other funding will be applied as rendered to the corresponding outstanding charges. Upon fulfillment of the outstanding balance due (including co-payments, deductibles, and non-covered services by insurance) any overage paid by the client/responsible party will be refunded by check within 30 days.

**Designation of Access to records:** I designate the following person(s) to obtain information about me (a separate release of information is required):

Financial       Appointment information       Treatment Information       ALL

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Financial       Appointment information       Treatment Information       ALL

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**I have read and understood the above agreement and by my signature below, agree to the terms.**

\_\_\_\_\_  
**Client Name Printed**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Guardian Printed**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship**