



# NEPONSET VALLEY COUNSELING CENTER

## OFFICE POLICIES AND PROCEDURES

Welcome to Neponset Valley Counseling Center. In order to best serve you, I would like to clarify some points that relate to the delivery of our services. Please keep one copy of this for your records and give a signed copy to your clinician. Please feel free to ask your clinician any questions that you may have regarding any of this information.

**FEES:** It is required that you make full payment at the time of your visit or provide us with the necessary documentation in order for us to access your insurance benefits. **Please note that you, not your insurance company, are ultimately responsible for all fees. Additionally, if you neglect to notify our office of any changes to your insurance and your visits are denied, you will be responsible for the full fee.** See the chart at the bottom of the page for the cost of our clinical and non-clinical services. For your convenience, NVCC accepts personal checks, all major credit cards, and cash. A 21% interest charge may be levied on all unpaid accounts. If it becomes necessary to turn your account over to collections, you will then be responsible for all collection fee as well as all applicable NVCC charges.

**MISSED APPOINTMENTS:** At least a 24-hour notice is required if you need to cancel your scheduled appointment. For your convenience, our answering system can be accessed 24/7 by calling my direct line at (508) 930-6335. **You will be charged a full fee for late cancellations or missed appointments.** Please note that insurance companies do not pay for late cancellations or missed appointments and you will be responsible for payment.

**EMERGENCIES:** Although NVCC does provide a 24-hour system and I make every effort to promptly return all phone calls, **NVCC is not able to provide emergency services.** If you are having a psychiatric emergency or crisis, I recommend that you immediately contact your local hospital emergency room or police.

**CONFIDENTIALITY:** NVCC carefully protects your confidentiality and your anonymity. You will receive a “*Notice if our Privacy Practices*” in accordance with H.I.P.A.A.

### Clinical Service Fees (sliding scale available for self-pay patients)

Initial Evaluation	\$160/hour
Individual Therapy	\$150/hour
Family Therapy	\$150/hour

### Non-Clinical Service Fees (sliding scale available for self-pay patients)

Documentation Fees (are not covered by insurance)	
<ul style="list-style-type: none"> <li>• Letter: \$35</li> <li>• 1-page report: \$110</li> <li>• Each additional page: \$85</li> </ul>	<ul style="list-style-type: none"> <li>• Co-pay not paid at time of appointment: \$15</li> <li>• Returned check or denial of credit card: \$35</li> </ul>
<ul style="list-style-type: none"> <li>• Consultation: \$250/hour</li> <li>• Parent Coordination: \$250/hour</li> <li>• Guardian ad Litem: \$350/hour</li> </ul>	<ul style="list-style-type: none"> <li>• Mediation of Parenting Plans: \$250/hour</li> <li>• Reunification Therapy: \$250/hour</li> </ul>
All patients are responsible for any fees incurred if, as a result of your clinical treatment at Neponset Valley Counseling Center, your therapist is asked or required, on your behalf, to give testimony in court to be deposed, and/or to provide any other non-clinical services (services not covered by your insurance carrier.)	

**Your signature below indicates that you have read and that you have read and fully understand the above information, fee schedule, and conditions regarding payment services, both clinical and non-clinical. I hereby authorize the provider of service to furnish information to insurance carriers concerning my condition and treatment. I hereby assign to the provider all payments for medical/mental health services rendered to my dependents and/or myself. I UNDERSTAND I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE.**

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Signature (Parent or Guardian for a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name