

Quarternote Counseling, LLC
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Notice of Financial Policies

1. Insurance

1a. In-Network Insurance Coverage Quarternote cannot and does not guarantee insurance coverage. Quarternote will make every effort to verify your coverage prior to your first visit with our practice as a courtesy. However, knowing your insurance policy's coverage and any applicable requirements or restrictions of your coverage is your responsibility. You must provide a copy of a current and valid insurance card at the time of registration. If your insurance coverage changes and/or is terminated for any reason during the course of your therapy with our practice, you are responsible for providing new insurance policy information that is able to be verified as valid and effective at the time services are/were rendered. Any session(s) unpaid by the insurance company due to policy termination will be your full financial responsibility, as well as all fees for any sessions thereafter until insurance coverage is again in effect. Please contact your insurance company with any questions you may have regarding your coverage. _____ **(Please initial)**

1b. Out-of-Network Insurance Coverage If your coverage is provided by a company with which Quarternote is an out-of-network provider, we are willing to submit claims to your insurance company on your behalf as a courtesy. After claim processing and payment is made by your insurance company, you will be responsible for the difference between the amount billed to your insurance and the amount paid by your insurance. Please contact your insurance company with any questions you may have regarding your coverage. **PLEASE NOTE: Quarternote Counseling does NOT participate with United Healthcare, nor do we submit out-of-network claims to United Healthcare.** _____ **(Please initial)**

2. Co-payments and Deductibles

All applicable co-payments/co-insurance are due at the time of service. If your insurance coverage includes a deductible, and the deductible has not been satisfied, you will be responsible for paying the full contracted amount per our agreement with your insurance company until the deductible has been met. This payment is due at the time of service. This arrangement is part of your policy and our contract with your insurance company.

3. Non-covered Services

Some services provided by our practice may not be covered by every insurance plan. While we strive to confirm in advance our clients' coverage for services that may potentially be rendered, we have no guarantee or way of knowing in advance what service(s) may be deemed non-covered. In the event of a denial of payment from your insurance company due to non-covered services, these charges will be your responsibility.

4. Claim Submission

Your insurance benefits are a contract between you and your insurance company. Your signature below authorizes Quarternote to submit claims, either electronically or via paper, to your insurance company on your behalf. Your insurance company may request additional information directly from you in order to process a claim. It is your responsibility to comply with their request(s) in a timely manner. _____ **(Please initial)**

5. Billing Cycle/Client Statements

Quarternote employs a 30-day billing cycle. Client statements are generated on or near the 1st of each month and sent to all clients who have a balance on their account. Payments on account balances are due no greater than 30 days from the statement date. Payment plans are available upon request if assistance is needed, or in the event of a "high balance account" as defined in Section 6 of this document.

6. High-Balance Accounts

Any balance on your account is your responsibility regardless of insurance payment or denial. If, at any time, the balance on your account reaches \$100 or greater, you may not be eligible to receive further services until the balance on the account is less than \$100. Failure to make payment and/or establish and comply with a payment plan will result in Quarternote providing the client with referral to another practice/therapist. _____ **(Please initial)**

7. No-Shows and Cancellations

A “no-show” is defined as a client failing to attend a scheduled appointment and failing to provide the therapist with a notice of cancellation. When cancelling a scheduled appointment, notice of the cancellation is required to be provided directly to the therapist no later than 7:00pm on the day prior to the appointment in question. All no-shows and all cancellations occurring later than 7:00pm on the day prior are subject to a fee of \$40, which will be applied to the client’s account. This charge is the client’s responsibility and is not billable to insurance. **(Not applicable for Medicaid-covered clients)** _____ **(Please initial)**

8. Payment Method(s)

Payment is accepted in the form of cash, personal check, money order, credit card or debit card. Credit cards and/or debit cards may be used and charged at each session by the therapist or a member of the office staff via manually swiping the card. If desired, clients may authorize a card to be kept on file for automatic processing of applicable charges. This authorization will be in the form of a completed and signed “Credit Card Authorization” form, separate from this document.

9. Returned Check Fee

In the event of a check being returned to us by your financial institution, a \$30 fee will be assessed in addition to the original fee(s) due.

10. Documentation Fee

The fee for requested and additional documentation is \$70/hour, or a prorated portion thereof.

11. Fees for court and/or legal-related services

The fee(s) for services being provided for the purpose of legal-related issues are as follows:

11a. Documentation for court/legal purposes: The fee for documentation being provided for the purpose of court and/or legal matters is \$70/hour, or a portion thereof. This fee will be charged as outlined in the section above. Additionally, any documentation a client requests from our practice for the purpose of submitting to a court or legal review process will need to be reviewed by Quarternote’s attorney prior to being signed by the therapist. The fee for the attorney review process is \$400/hour, or a portion thereof. This fee is not reduced per the sliding scale and will be charged in full based on the amount of time spent by the attorney reviewing the requested documentation.

11b. In-person testimony: The fee for testimony provided by a Quarternote staff member is \$150/hour or a portion thereof. This fee includes the staff member’s testimony preparation time, travel time and total time spent within the courthouse from the time of arrival to departure. This fee is not reduced per the sliding scale and will be charged in full based on the amount of time spent by the Quarternote staff member preparing for and delivering testimony.

12. Medical Record Fees

Fees for the fulfilment of medical record requests are as follows: **For paper copies of records:** \$20 flat administrative fee. \$0.50 per page up to 50 pages, then \$0.25 per page thereafter. Postage fees may be included if paper records are being mailed. **For electronic copies of records:** \$20 flat administrative fee. No per-page fee. Actual fees for medical records will be determined once the request for the records has been received and the appropriate fees have been totaled.

I have read the above information and I acknowledge and agree to these terms and fees by providing my signature below.

Name of Client: _____ **Client DOB:** _____

(For minor clients only) Name of client's parent/legal guardian: _____

(For minor clients only) Relationship of parent/legal guardian to client: _____

Signature of Client/Parent/Legal Guardian: _____

Date: _____

I have received a copy of this document (please initial) _____