

# Leslie McKenna Counseling

254 9th Avenue Drive NE, Hickory, NC 28601 • LeslieMckenna.com • (828) 443-8905

## CLIENT RESPONSIBILITY

### **24 Hour Cancellation Policy**

I completely understand that it is sometimes necessary to cancel appointments due to unexpected occurrences. I do, however, strongly encourage you to please contact me at least 24 hours in advance of your appointment so that I may offer that time to another client. I may charge you for your missed appointment if you do not provide me with sufficient notice. Emergencies and illness will be considered an exception to this policy.

**I have read the 24 hour cancellation policy.**

**Initial** \_\_\_\_\_

### **Child Safety Policy**

Please make appropriate arrangements for childcare to allow for your full participation in therapy. I do not have the staff nor resources to supervise your children while you are in session.

### **Fees and Insurance**

Payment for professional services are expected at the time of each appointment unless you have made other arrangements with me. Please remember that in most cases your insurance carrier has an agreement with you, not my office, to assist with payment of your health care costs. Some insurance companies will not pay my office directly and you may have to pay fees at the time of service and then request that your insurance company reimburse you. Some insurance companies will not pay for my services at all and you will be expected to pay in full at the time of service.

In order to avoid losing insurance coverage and incurring the full cost of therapy services, please update personal information with your insurance carrier promptly when asked or if you move to a new address. Failure to keep information current with your carrier may result in loss of coverage.

**I authorize the release of information necessary for processing any insurance claim. I also authorize the release of information should it become necessary to take action to collect overdue accounts.**

**Initial** \_\_\_\_\_

### **Non Covered Procedures**

Please be aware that many health insurance companies, including yours, may not cover some of the professional services that may be recommended or that you may have requested. You will be required to pay for those services without the benefit of insurance coverage. The list below includes, but is not limited to, professional services that may not be covered by your insurance. If any of these services are necessary, you may request the cost prior to receiving the service.

## CLIENT RESPONSIBILITY

| <b><u>Billing Code</u></b> | <b><u>Procedure Description</u></b> |
|----------------------------|-------------------------------------|
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|         |   |
|---------|---|
| 90997   | Family Therapy  |
| 90889   | Professional reports written for your physician or insurance carrier to explain evaluation findings and/or recommendations for treatment. |
| 90887   | Professional reports written for non-physicians to explain evaluation findings and/or recommendations for treatment.                      |
| No Code | Telephone calls to your therapist that last longer than 10 minutes.   |
| No Code | Correspondence fee for letters written or documents completed on your behalf.   |
| No Code | Legal testimony   |
| No Code | Time travel to and from meetings, including court and depositions.  |
| No Code | Multiple copies of records for your personal use, copies of records for non-medical professionals.  |

I understand that I am responsible for ALL charges incurred while receiving services through Leslie McKenna Counseling, including the “Non Covered Procedures” and will pay at the time of service unless otherwise agreed upon.

I have read the Statement of Client Responsibility above and agree to comply with all aspects of the statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_