

**HOMESTEAD HOPE COUNSELING SERVICES, LLC**  
3301 West Freeway, Suite 105  
Fort Worth, Texas 76107

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**FINANCIAL AGREEMENT RELATED TO TREATMENT**

The purpose of this policy is three-fold: first, to promote professionalism and consistency on our part by maintaining affordable, flexible therapeutic opportunity to you. Secondly, to prevent people from wasting the counselor's time and thus preventing us from serving others. Thirdly, in order to accomplish those goals, we endeavor to ensure a few non-payers and 'No Shows' do not run up the cost of providing services which directly impacts all other patients. We thank you ahead of time for your understanding and compliance.

**Counselor Fee Schedule Effective January 1, 2022:**

*Practicum Students*.....Intake Fee: \$75, Normal Session: \$45  
*Licensed Professional Counselor Associate (LPC Associate)*..Intake Fee: \$125, Normal Session: \$85  
*Licensed Professional Counselor (LPC) or LMFT*.....Intake Fee: \$195, Normal Session: \$140  
*Licensed Professional Counselor Supervisor (LPC-S)*.....Intake Fee: \$210, Normal Session: \$155  
*Doctoral Level Therapists*.....Intake Fee: \$230, Normal Session: \$170

Prepare / Enrich Premarital and Marital Assessments: \$95

Your counselor is: \_\_\_\_\_

Your counselor's level of credentialing is: \_\_\_\_\_

Client Resources: A 'finder's fee' is typically marked on the resource. The finder's fee is not covered by insurance. A Flex card cannot be used for such purchases. The charge may be paid via cash, check or credit card on file.

**Additional Information:** Homestead Hope Counseling Services, LLC is not able to render services without a valid **credit card** on file, beginning with the very first appointment. **Debit cards** are **NOT** acceptable. Due to the rise of unforeseen and or unpredictable nonpayment, **there can be no exceptions to this policy**, so please, do not request one. Those using a Flex card may do so for insurance related services only. The Flex card cannot legally be used to pay for ANY other fees or costs. Therefore, those using a Flex card will also need to provide a non-Flex credit card to cover other costs.

Credit card and insurance payments may be accepted on a case-by-case basis depending on the company. All fees and co-payments are due at the beginning of session. In the event that you are unable to keep an appointment, to include the first appointment, we ask that you notify us at least 24 hours in advance in order to avoid being charged a Cancellation Fee. If notification is made inside of the 24-hour window, a Cancellation Fee of **\$85** for the first (Intake) session or **\$55** for each clinical hour thereafter will be charged immediately to your credit card on file. Failing to present oneself or minor child at the allotted time without prior notification of cancelation is considered a No Show. Cancelling the appointment after the appointed time has passed is also considered a No-Show. The No-Show Fee is **equal to the full cash pay fee** as stated above and applies to ALL appointments, and ALL clients (cash pay or insurance), and is payable immediately via your credit card on file. An invoice indicating Cancellation or No-Show fees will be provided at your request. Although there may

be legitimate reasons for missing an appointment, you are never-the-less responsible for payment, not your insurance carrier and not the counseling center. For legitimate reasons beyond the client's control, the Director of Clinical Care may opt to waive the first cancellation fee, if he believes it is warranted. After that however, there are no waivers. The office staff nor counselors are authorized to waive or change fees. EAP services will be billed no later than 15 days after the last appointment. Since billing will normally cause termination of services, sessions must be conducted a minimum of once every two weeks. EAP clients must use their benefits in a timely manner, unlike regular health insurance whose benefits can be spread out over an unlimited time span.

The office number is 817-812-3021. Leaving a voice mail is NOT considered appropriate notification. You may leave a message if necessary, but you should follow up with a phone call to ensure the notification has been made. An email to [hhoffice@homesteadhope.org](mailto:hhoffice@homesteadhope.org) is also helpful. That too should be followed up with a phone call.

If the appointment is outside the 24 hours window, you can also cancel by clicking on the link in your email notification message. It will take you to Full Slate. Scheduling and rescheduling, but not cancelling, can be done via our web site and clicking on the Set Appointment tab, or by calling the office. First time appointments must be made through the office.

Scheduled appointment times are not adjusted according to arrival times. If you are late, you can expect the session to end at the prearranged time.

**Other Fees:** A fee equal to the cost of a normal session will be charged for telephone consultations and or administrative duties that are over and above normal charting. Oral or written communications with the patient/client or family members, other practitioners, hospitals, insurance companies, employers, union representatives, courts, CPS, etc. are chargeable to the patient/client or insurance carrier, which ever applies. The intent here is not to nickel and dime the patient/client but to discourage and minimize *out of session* discussions and activities.

**The non-sufficient funds (NSF) fee for returned checks is \$30 per incident – not per appointment. The non-sufficient funds (NSF) fee for credit cards that are declined is \$10 per incident – not per appointment.** We will attempt to process the card once per day for a maximum of three days. Example: If we attempt to bill a card three times, and all three attempts are declined, the total fee would be \$60. It is very important to ensure funds are available at the time of services. All fees are due and payable immediately via credit card on file. A Flex card cannot be used to pay for NSF fees.

**Returning Clients:** We attempt to maintain the cash pay price throughout the first year of the therapeutic process without cost increases. However, if a client terminates treatment for a period of six months or more, they are subject to whatever increase has taken place since their departure. New fees will apply upon their return. Those who have returned to therapy after a 12-month or more will also be asked to reinstate the entire intake process, as a lot can happen in a year's time.

**Automatic Payments:** All patients/clients, who are uninsured, insured, or whose insurance does not cover the cost of mental health counseling services are personally responsible for all payments. Any balance not paid for by the end of the scheduled session will be automatically charged to your designated credit card on file. You may request a receipt for services to submit to your carrier for out of network reimbursement. The outcome of such an attempt is between you and the carrier, not Homestead Hope.

As a courtesy to you, we may elect to bill your health insurance carrier on your behalf and wait up to but no longer than 60 days for payment. Please remember however, that you are ultimately responsible for payment. After day 60, if the insurance company has not paid the bill, your credit card will be charged any and all unpaid amounts without further notice. Any double payments made will be immediately refunded to you. Past due fees may be sent to a collection agency and reported to the credit bureau at our discretion.

If you have any questions, feel free to call the office. Our staff will be more than happy to serve you.

Please provide the information below:

**FLEX Card Type:** \_\_\_\_\_

Cardholder's Name as embossed on the card: \_\_\_\_\_

**Last Four Digits** of Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_

Cardholder's Name as embossed on the card: \_\_\_\_\_

**Last Four Digits** of Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

By signing this Financial Policy form, you are signifying your agreement to its terms and are giving Homestead Hope Counseling Services, LLC. permission to process and bill appropriate fees onto your credit card on file and or your insurance carrier, which ever applies.

Your credit card information is not kept on any of our systems.

\_\_\_\_\_  
Patient / Client Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Patient / Client **Signature**

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

\_\_\_\_\_  
Patient / Client **Signature**

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

\_\_\_\_\_  
HHCS Representative

\_\_\_\_\_  
Date