



309 W Clark Street, Champaign, IL 61820

Feedback and Follow up

We contact our clients via email surveys to ensure your needs are being met by your therapist and to problem solve any other issues that may interfere with providing services (such as finances or transportation). If you do not have an email address on file, please provide one or indicate here if you would rather have a phone call for follow up.

Please know that you can call and ask for our management team and speak confidentially to them any time you feel your needs are not being met.

Insurance billing and responsibility

As a courtesy to you, the administrative staff will be happy to:

- Check your insurance benefits with your insurance company.
- Inform you about your deductible, co-payment, co-insurance, and other benefits.
- Check whether you are required to obtain pre-authorization.
- Help to obtain authorization, if necessary.
- File a claim for your services with your insurance company.

NOTE: Confirmation of benefits is NOT a guarantee of payment because insurance companies will often only *estimate* what they will pay. That estimate is what we are basing your responsibility on. How much you will owe will be based on what your insurance company *actually* pays.

If you would prefer to work directly with your insurance company, you may pay us directly for your charges and we will provide you with the appropriate billing statement to send to your insurance company.

Payment Policy

We require payment at time of services for co-pay, co-insurance, deductible and self-pay, unless prohibited by our contract with your insurance or you have made other arrangements the administrative staff.



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Cancellation and Missed Appointment Policy:

We understand that emergencies arise. However, unlike a doctor's office (who overschedules so the physician is kept busy even with cancelled appointments) we take care to allow 60 minutes for every appointment (50 minutes with client + 10 minutes for process/documentation). This means that your therapist will be here, being paid, even if you do not show up. Insurance companies and EAPs will not pay for missed appointments.

As a service to you, our No-Show and Late Cancel rate is discounted from a usual \$120 self-pay hourly rate to \$50.

"No-shows" -- will be charged \$50. There is no exception for this and it will not be waived. Please initial that you have read this and understand it.

"Late Cancel" (less than 24 – 48 hours) will be charged \$50. However we will credit one late cancel per calendar year to allow for any emergency or sickness.

I understand that I am responsible for all charges not paid by insurance.

I understand that I am responsible for late cancel and missed appointment fees.

I have also reviewed a copy of the "Notice of Privacy Acts" and a copy was made available to me.

I have been given a copy of the Elliott Counseling Group's Client Essential Information Sheet.

I have been given a prepayment information form in order to provide my credit/debit card number.

Your printed name (responsible party)

Client's printed name

Signature of responsible party

Date

Kevin Elliott Counseling, Inc. serves clients regardless of race, ethnicity, religion, gender, age, national origin, disability, sexual orientation, gender identity, gender expression, family



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responsibilities, marital status, or other unlawful factors.

Credit Card on File or Prepayment on Account

We require a valid debit/credit card number on file to ensure shorter lines and a quicker check in process. We will also automatically process late cancelation charges and no show fees using the credit card information provided.

You may instead keep a prepayment of \$50 on your account that will automatically be applied to your account should you late cancel or not show up for your scheduled appointment.

For clients who would like to prepay, please be aware that once a prepay has been applied to your account for a late cancel or no show, you will be asked to make another \$50 payment in addition to any co-pay, co-insurance or deductible in order to bring your prepay balance back up.

If at the end of your treatment here, you have credit on your account it will be refunded to you by check to the address on file.

Please choose one of the following options:

Form with checkbox and fields for Credit/Debit Info: Name on Credit card, Credit Card Number, Expiration Date, Signature of Client.

Form with checkbox and fields for Prepayment options: Credit/Debit Card, Cash, Check, Check Number.

By receiving treatment at Elliott Counseling Group you agree to the above terms and conditions and are giving us your consent to charge the credit/debit card listed on file for all appointment co-pays, co-insurances, deductibles or late cancels and missed appointment fees.

Your printed name (responsible party)

Minors printed name (if client is a minor)

Signature of responsible party



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Date
