



Thank you for choosing Thrive Counseling of Idaho as your provider of counseling services!

We are committed to providing you with quality and affordable mental health care. Because some of our clients have had questions regarding client and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please review it carefully, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans. If you are not insured by a plan we do business with, payment in full is expected at the time of each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.  
  
If we are an out-of-network provider, we will charge the client the full charge at the time of the visit. In some cases, the client will receive payment from their insurance provider directly. Some insurers will not provide payment in the full amount charged to the client by Thrive. The client is responsible for the difference between charges billed to client by Thrive, and what your individual insurance plan chooses to pay.
2. **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from clients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
3. **Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by insurers. You must pay for these services in full at the time of visit.
4. **Proof of insurance.** All clients must complete our Application Packet before seeing the clinician. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
6. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed or invoiced to you directly.
7. **Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you

will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

8. **Missed appointments.** Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Our standard missed appointment charge is \$50.00. Please help us to serve you better by keeping your regularly scheduled appointment.
9. **Cancellations.** Our policy is to charge a \$50.00 fee for a late cancellation. A late cancellation is any appointment that is cancelled less than 24 hours before the time of the appointment.
10. **Fees.** Thrive Counseling of Idaho's professional fees are as follows:

**\$115.00/hour** (A typical hour session includes 50-55 minutes of direct contact between clinician and client; and, 5 to 10 minutes for clinician to document session.

If full payment is made at the time of the visit, a \$30.00 credit is applied; and, the client pays only **\$85.00/hour**.

If full payment is not rendered at the time of the visit, a payment plan will be arranged between client and Thrive; and, each hour will be charged at the \$115.00 fee.

Any written documentation requested to be produced by our professionals will be billed to the client directly at **\$21.25 per fifteen (15) minute increment**.

Our practice is committed to providing the best treatment to our clients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date