

Ostermiller Counseling Services, Inc.
242 East 7th North, Suite 4
Rexburg, Idaho 83440
(208) 359-9683, Fax (208) 359-0889

Financial Policy

Thank you for choosing Ostermiller Counseling Services, Inc. as a healthcare provider. Ostermiller Counseling Services, Inc. is committed to your treatment being successful, and it is our desire for you to be completely satisfied with the services you receive through our Clinic.

Ostermiller Counseling Services, Inc. accepts private, contractual, third party and other payments. In cases where we will be billing insurance, it is important that you understand that your insurance policy is a contract between yourself and your insurance company. Ostermiller Counseling Services, Inc. is not a party to that contract. It is imperative that you check with your insurance company to review the services covered in your insurance plan. Please be aware that some and perhaps all the services provided through Ostermiller Counseling Services, Inc. may be non-covered and/or considered unreasonable or unnecessary by your insurance company, thereby leaving you responsible for full payment of the denied charges. It is important to understand your insurance benefit. Understanding your insurance benefit makes you a better consumer of services. Pre-Authorization of services is your responsibility and Ostermiller Counseling Services, Inc. will work with you in this process at your request and as necessary for service delivery.

Payment arrangements must be secured in advance. If your services are being paid for by a contractual third party, we must have a copy of that contract in place before beginning services.

In cases where we are billing insurance on your behalf, your determined co-payment is required at the time of service. If this co-payment results in an overpayment, we will issue you a refund for the over-payment after insurance has processed.

In cases where you are responsible for payment without any third-party payers, you are expected to make full payment at time of service.

In cases where we are called to testify on your behalf in a legal setting, we require a minimum of 480.00 for a court appearance. The 480.00 is the minimum charge and provides for up to 4 hours away from the office including travel time. In cases where more than four hours away from the office is required a 960.00 charge covers up to 8 hours including travel time. This fee will be required before we appear on your behalf.

Please help us serve you better by keeping all scheduled appointments or providing greater than **24-hour notice** for cancellations. We reserve the right to charge our regular fees for scheduled services in the event of missed appointments. Insurance companies and other third parties do not cover these fees, and they would be your responsibility.

Some services that Ostermiller Counseling Services, Inc. provides are considered Managed Care while others are considered Fee for Service. Managed Care services have set reimbursement rates that are pre-established by the managing agency. In these cases, Managed Care reimbursement rates will be made known to you upon request, or you can check with the managing agency. Counseling Services provided by Ostermiller Counseling Services, Inc. are Fee for Service unless otherwise specified. Our current office rates (most commonly billed list/others occasionally used) are:

90791 Comprehensive diagnostic assessment	150.00 Visit
90847 Family psychotherapy (with patient present) Face to Face Only	120.00 Visit
90846 Family psychotherapy (without patient present) Face to Face Only	120.00 Visit
90832 Individual psychotherapy 30 minutes (16-37)	60.00 Session
90834 Individual psychotherapy 45 minutes (38-52)	90.00 Session
90837 Individual psychotherapy 60 minutes (53 or more)	120.00 Session
Men's Healthy Relationship Course – up to 52 sessions	20.00 Session
Anger Management Course – up to 16 sessions	20.00 Session

I have read, understood, and agree to this financial policy with no exceptions.

X _____ X _____
Signature of Responsible Party Date