

**Cornerstone Counseling and Education
859 S Yellowstone #202
Rexburg, Idaho 83440
208.313.7464**

Third-Party Billing Policy and Agreement

Name of Client _____ **DOB:** _____

FEE SCHEDULE AND PAYMENT POLICY Initial _____

The regular and customary rate is \$90 for each psychotherapy/counseling session, with the exception of the \$120 initial diagnostic assessment. Each standard consultation is a 50-minute hour for individuals, couples, and families and is considered one hour for billing purposes; the remaining ten minutes is reserved for case-management needs such as note taking. Sessions lasting beyond one hour or less than one hour will be charged at a rate proportional to the hourly rate. Payment is due at the time of service. We accept insurance cards (except Medicaid), flexible spending account cards, cash, major credit cards, personal and cashiers checks. Payments are received at our office: 859 South Yellowstone #202, Rexburg, Idaho 83440, or over the phone at (208)313.7464

Late Cancellation Policy Initial _____

The client is solely responsible for making and keeping appointments. If a client makes an appointment and subsequently does not keep it or give Cornerstone Counseling 24-hours notice of cancellation, the client will be held responsible. Because unpredictable life events happen, the client's account will not be charged for the first missed or late cancelled appointment. However, the client's account will be charged \$50 for the second, full price (\$90) for the third and all future appointments cancelled.

Weekends Initial _____

I am not in the office Friday through Sunday. I will respond to your email and/or phone calls when I return to the office. If you are experiencing a life-threatening emergency, please call 911 immediately.

Insurance Policy Initial _____

As a courtesy, Cornerstone Counseling bills primary insurance companies, including employee assistance programs (EAPs). Balances not paid by insurance within 45 days from the day a claim is submitted, for any reason, are the responsibility of the client. Co-payments and charges applied to deductibles are due at the time of service. We will submit a request for prior authorization for more sessions as a courtesy but if prior authorization is denied it is the responsibility of the client to

pay any sessions not covered. Client must also inform us if they are seeing any other mental health providers including Dr. for medications for anxiety and depression. This will affect prior authorization. The client agrees to notify Cornerstone Counseling of changes to their insurance and will be held responsible for claims charges related to outdated insurance information on file.

3rd Party Billing policy & Agreement **Initials** _____

Cornerstone Counseling maintains a Third-Party Billing Policy, which allows a person or entity other than the client to accept financial responsibility for the client’s charges. Third-Party billing Agents act as the financially responsible party for the client and agree to abide by Cornerstone Counseling’s fee schedule and Payment Policy, Late cancellation Policy, and Insurance policy. Third-Party Billing Agents are eligible to obtain clients’ confidential clinical treatment and progress information when the client has signed a legal “Consent for Release of Information” listing the Third-Party Agent. By completing this form, I have read and agree to Cornerstone Counseling Service Fee Schedule and Payment Policy, Late Cancellation Policy, Insurance Policy and the 3rd Party Billing agent Policy and agree to be the 3rd Party Billing Agent for the client listed at the top of this page.

Individual or Organization			
Last Name		First Name	
Social Security # (only individual)		Organization Name	
Date of Birth	Address	City, State	Zip
Home Phone#		Cell#	Work #
Employer Name and Location		Job Title:	
Signature (Please sign to authorize)	Date		Relationship to Client:

Please check the following that apply:

_____ **Please send me statement charges by mail**

_____ **Pay with card on file (fill out auto payment authorization)**