



**Barnum Counseling (Kane County
Counseling Services, LLC)**

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Client Financial Agreement

FEES

Payments and copayments for services are required at the time services are rendered. In the event that you are utilizing your insurance and we are in-network, you will receive an *adjusted rate* according to our contract with your insurance company. However, we will bill your insurance our standard rate(s) for the service that is rendered. Standard rates are listed in the table of services and fees below. To obtain a quote for the fees for services through your insurance, please contact our administrative office.

Good Faith Estimate Table of Services and Fees

Service Code (CPT Code)	Description of Service/Charge	Fee for Service (Number of Sessions Will Be Determined as We Progress)
90791	Initial Diagnostic Evaluation	\$225
90832	Psychotherapy, 16-34 minutes	\$100
90834	Psychotherapy, 38-52 minutes	\$145
90837	Psychotherapy ≥ 53 minutes	\$175
90839	Psychotherapy for a Crisis (30-74 minutes)	\$250
+90840	Psychotherapy for a Crisis (add-on code for each additional 30 mins)	\$75
+90785	Add-on code for interactive complexity: communication difficulties including high reactivity, high anxiety, repeated questions or disagreement	\$35
+99050	After hours billing - outside of scheduled working hours; holidays (add-on code)	\$50
90846	Family Psychotherapy without Patient Present, 50 minutes	\$185
90847	Family Psychotherapy with Patient Present, 50 minutes	\$185

90853	Group Psychotherapy	\$45
99404	Cigna EAP code, 45 minutes, solution focused (one issue)	\$99.75

*Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical

EXPLANATION OF OUT-OF-POCKET EXPENSES

Case Management Fees

_____ Included, but not limited to: client phone and email correspondence, coordination of care with other professionals or providers, composition of formal letters, reports, production of medical records for a third party

Case management fees must be paid at the time of service or prior to Barnum Counseling/your therapist releasing the associated case management document(s)

Minutes	Fee	Minutes	Fee
10-15	\$50	31-40	\$125
16-20	\$75	41-50	\$150
21-30	\$100	51-60	\$175

Cancellation and No-Show Policy

_____ I understand that should I, at any time during the course of my treatment, need to cancel or change an appointment time, I will need to do it 24 hours in advance of the appointment time or be charged \$110 for the hour, since it has been reserved for me and without sufficient notice is unavailable for another client. EXCEPTIONS ARE EMERGENCIES OR FEVER/SICKNESS. ***Please also note: this is an out-of-pocket expense. This is not a charge which can be submitted to insurance.***

_____ After three consecutive cancellations, I understand that Barnum Counseling will no longer be able to hold my reoccurring appointment slot and at this point, will discuss my options with my therapist.

Legal Fees

_____ I understand conducting expert witness and testimonial services is not an area of interest of my therapist and should I subpoena my therapist as a factual case witness or involve my therapist in any court-related processes, my therapist charges a retainer fee of \$2,000.00 with an additional \$250.00 every hour she/he is involved in legal depositions, case preparation, travel, and witness time.

_____ I understand if I do issue my therapist a subpoena without his/her approval, my subpoena will be directly turned over to the practice attorney and a bill will be rendered to me for immediate retainer fee payment (\$300/hour).

CLIENT/RESPONSIBLE PARTY ACKNOWLEDGEMENT AND ACCEPTANCE OF FINANCIAL AGREEMENT

_____ I have reviewed the fees for service, case management fees, and out-of-pocket expenses

for therapy sessions and agree to pay the associated fees according to the terms outlined in this contract (e.g. co-pay, deductible, coinsurance, self-pay fee, case management or cancellation/no-show fee).

_____ I understand that acceptable forms of payment include cash, check, debit or credit card, or FSA/HSA card.*

_____ I authorize Barnum Counseling, which includes my provider and/or the administrative team, to electronically debit or charge my credit card for payment for services, out-of-pocket expenses, or any outstanding balance owed per this agreement. I agree that no prior notification may be provided for these charges and that I do not have to be present for this transaction/these transactions to occur.

_____ I understand that if a payment is returned or a credit card, debit card, or HSA/FSA card is declined for insufficient funds, I am responsible for any bank fees assessed and **I will provide an alternate method of payment is required within one week.** Please note: there will be a pause in services until payment issues have been resolved.

_____ I understand that if Barnum Counseling has charged my credit card for services rendered or an outstanding balance and later receives notification that I have disputed these charges, a \$50 fee will be added to my account. If there are multiple disputes, a \$50 fee will be added for each dispute.

_____ I understand that if my account has an outstanding balance that is 90 days past due, my information will be forwarded to a collection agency and I will be responsible for a 30% fee for the total amount submitted to collections. Continued non-payment will result in a report to the credit bureau and unpaid balances will remain on my credit report until payment is received in full.

***Use of FSA or HSA Cards (must initial if using this type of card to pay for services - please disregard if not using FSA or HSA Card):**

_____ I understand I must notify Barnum Counseling if I am choosing to use a FSA/HSA card.

_____ In choosing to use my FSA/HSA card, I understand that the card can only be utilized from the time I have provided my card information to Barnum Counseling and they have confirmed the card is active- it cannot be used retroactively, for sessions previously rendered.

_____ In choosing to put a FSA/HSA card on file with Barnum Counseling, I understand that FSA/HSA cards can only be used for counseling and therapy services (excludes out-of-pocket expenses).

_____ I understand that FSA/HSA cards cannot be used for late cancellations or no-show charges and that I will be required to place an additional credit card on file with Barnum Counseling to cover these types of charges.

_____ In choosing to use a FSA/HSA card, I understand that it is my responsibility to reload the card with funds in order to pay for services. I also understand that if funds have not been reloaded and the card declines, my other credit card on file will be charged.

CLIENT CONSENT TO COUNSELING

I have read this document in its entirety, considered it carefully, and asked my therapist any questions that I needed to understand it. I understand the limits of confidentiality required by law and inherent to previously detailed mediums. I understand the risks and benefits of receiving these services and the risks and benefits of not receiving these services. Additionally, I understand I am expected to be an active and cooperative participant in this process to the best of my ability. Furthermore, I understand there will be

fees associated with receiving services at Barnum Counseling and that I will be responsible for any services not covered by insurance or other out of pocket expenses as outlined in this contract.

My signature affirms that I have elected to and voluntarily agree to participate under these conditions.

Name of Client:_____

Client sign here

Client Signature

Date