

Counseling & Evaluation Services Fee Agreement



Counseling Session Fee: EFR's standard counseling fees are \$190 for the initial assessment and \$165 per 60-minute session. EFR accepts various forms of insurance and third-party payers. Any fees not covered by insurance or third-party payers, including co-payments, are the client's responsibility and are due at the time of service.

Payment Policies

- Payment of your fee or insurance co-pay and/or deductible is required at the time of service unless other arrangements have been made with EFR.
- If your insurance carrier or other third-party payer doesn't pay for your services, you will be responsible for the counseling fees.
- Lack of payment toward an unpaid balance (excluding outstanding insurance payments) will result in an interruption in services.
- You will be charged \$30 for returned checks.
- Cash, check, or debit/credit card are accepted.
- ***In the event you are not able to make payment for the counseling services you would like to receive, please reach out to our intake specialist at 515.471.2357.***

Cancelled and missed appointments

A 24-hour notice is required for cancellations. Failure to provide notice may result in a charge of \$25.

Please initial here to show acknowledgement of this policy: _____

Insurance Information

If copies of card are on file with our office, you may fill in only the "Primary Company" box below.

Primary Company _____	Secondary Company _____
Subscriber Name _____	Subscriber Name _____
Subscriber # _____	Subscriber # _____
Employer Group # _____	Employer Group # _____
Co-Payment/Deductible _____	Co-Payment/Deductible _____
SS# _____	

Statement of Understanding and Agreement

I, _____, verify that I understand and agree to abide by the policies noted above. I authorize EFR to release to my insurance company(s) my session dates, demographic information, method of treatment, and diagnosis as required for the purpose of processing and paying my claims. I also authorize EFR to obtain insurance reimbursement directly from my carrier. If I'm not accessing insurance or another third-party payer, I understand that the fees associated with my services are my responsibility and agree to pay EFR in full. I understand that the current agreement supersedes all previous fee agreements.

_____ Client Signature	_____ Date
_____ Representative authorized to sign in lieu of client/Relationship to client	_____ Date
_____ EFR Representative	_____ Date