



LEGACY CENTER

19751 E. MAINSTREET SUITE 218 - PARKER CO 80138
PHONE: 303-841-4005 - FAX: 720-851-4890
INFO@LEGACYPARKER.COM - WWW.LEGACYPARKER.COM

FINANCIAL POLICY AND PATIENT AGREEMENT

As a courtesy Legacy Comprehensive Counseling & Consulting will bill your insurance company for the services provided if the therapist you are seeing is in your insurance company's network. Payment of your deductible, co-pay and/or co-insurance is your responsibility and may be collected from you at the time the service is rendered. Some services (including some psychological testing services) may be processed through your insurance company before you are charged for your portion. In these situations, your credit card on file will be charged for your portion (copays, deductible, co-insurance) immediately after Legacy Center receives notice of your amount due from your insurance company. Legacy Center is unable to give an estimation of when your credit card on file will be charged due to the unknown length of time that your insurance company will take to process your claim. If your insurance company denies payment for any reason, the entire fee is your responsibility and will be charged to your credit card on file upon notice of denial from your insurance company.

In the event that your credit card on file is declined for any reason, a fee will be applied to your account each month that your balance is not paid in full. In the event that an account is overdue by 90 days or more, Legacy will turn over past due accounts to a contracted collection agency or seek collection with a civil court action. Should this occur, Legacy will provide the collection agency or Court with your Name, Address, Phone Number, and any other directory information, including dates of services or any other information requested by the collection agency or Court deems necessary to collect the past due account. Should conditions of non-payment persist, I understand that Legacy will discontinue treatment. In case of default you will be liable for all costs of collections including, but not limited to, late fees, interest, collection fees, court costs and attorney fees.

Your healthcare insurance coverage is a contract between you and your healthcare insurance company. It is your responsibility to know and understand your coverage benefits, eligibility and limitations. We strongly encourage you to check with your insurance company PRIOR to having services performed so that there are no financial concerns after the services have been rendered that you will not be prepared for. Insurance companies sometimes inform Legacy Center of their payment intentions and policies; Legacy Center staff sometimes relays this information to clients, however, this transfer of information is a courtesy only and Legacy Center is not responsible for any financial decision that your insurance company ultimately makes. The client is ultimately responsible for payment in full regardless of decisions made by your insurance company. The patient is responsible to make available to Legacy complete insurance information for accurate filing of claims. Insurance information includes 1) Any necessary authorizations or pre-certifications for primary and secondary insurance coverage, and 2) All identification and benefits cards and documents. The patient agrees that if the insurance company denies benefits for any reason, or if full payment is not received from the insurance carrier within 45 days as designated by Colorado law, then the patient is responsible for the full amount of the bill immediately, which will be billed to your credit card on file. Further, please understand that we are legally obligated to assign procedure codes and diagnostic codes based on services provided to you. We **CANNOT** change the coding later if the insurance company does not cover a particular code or service.

If you need to cancel or reschedule an appointment, you are required to provide 24 hours advance notice by phone, otherwise you will be charged \$50 for each missed appointment. (For group sessions this fee will be \$45). Late cancel and no-show fees will be assessed for any reason, including illness, weather, or traffic. Missed appointments are the client's responsibility. Legacy Center requires that clients maintain documents on file authorizing Legacy Center to charge your credit card for payment of no-show fees and late cancels. Your credit card will be charged at the time we are informed of the late cancel or fifteen minutes after your appointed time for no-shows. Additionally, should multiple late cancels and/or missed appointments occur (i.e., 3 or more), I understand that Legacy may discontinue treatment. Legacy sincerely appreciates your cooperation. At any time you have any questions regarding insurance, fees, balances or payments please feel free to ask.

If you have a child or adolescent who will be attending Legacy Center without the financially responsible person(s) present at the appointment, please provide the client with the means to make the payment. Alternately, you can coordinate payment ahead of time. You can do this by contacting Legacy Center and making the payment over the phone with your credit card, providing your credit card information to Legacy Center to keep on file and charge at the time of service, or pre-paying the fee.

Client/Guardian Initials _____

By this agreement, the patient also authorizes the exchange of considerable amounts of medical information relating to care and claims with Legacy's contracted billing agent, billing staff, and the patient's insurance company(s), including the diagnosis and authorizes insurance payment to be made directly to Legacy for services provided under the patient's insurance agreement and otherwise payable to the patient.

If you are not using your insurance, total payment of fees is due at the time of service. A complete fee schedule is listed below. Acceptable forms of payment are cash, personal check or Visa/MasterCard/Discover credit card. Please note, Legacy is not responsible for holding checks. All checks will be deposited once they are received by the billing department. Should a check be returned for insufficient fund, or a credit card declined, a service fee of \$20 will be assessed.

If the client's account has an individual credit on file that is larger than \$25, Legacy Center will issue a refund check to the person who is listed as financially responsible to the client in the client's new patient packet. Individual credits on file that are \$25 or less will not be refunded unless specifically requested for in writing to 19751 East Mainstreet, Suite 215 Parker, CO 80138 attn: Billing Department.

Service	Time	Fee			
		Licensed Psychologist	Licensed M.A. Level Therapist (on insurance panels)	Licensed M.A. Level Therapist (not on insurance panels)	Registered Unlicensed Therapist
Intake for Counseling	50 minutes	\$150	\$131.77	\$100	\$80
Therapy Session	45 minutes	\$130	\$127.79	\$100	\$80
Couples or Family Session	50 minutes	\$130	\$127.79	\$100	\$80
Group Counseling	60 minutes	\$45	\$45	\$45	\$45
Comprehensive Evaluations, including Autism, Developmental, Learning Disability, Dyslexia, ADHD, Mood, Behavioral, OCD, and/or Gifted & Talented	Testing, Interpretation and Report Write-up	Cost is determined by the type of evaluation requested. This will be discussed at the intake session and before scheduling the testing appointments			
Becoming a Love and Logic Parent (group or individual sessions offered)	6 x 2 hour sessions fee includes workbook	\$150 Individual		\$250 Couple	
Court Appearance	2 hour minimum (includes travel time)	\$200 per hour			
Court Preparation	2 hour minimum	\$200 per hour			
Case Management (phone calls to clients or other professionals, client requested completion of paperwork, documents, forms etc.)	Less than 5 Minutes	No Charge			
	5 – 15 Minutes	\$30			
	16 – 30 Minutes	\$60			
	31 – 45 Minutes	\$90			
	46 – 60 Minutes	\$120			

We thank you for taking the time to read and complete this form. We are making every effort to comply with the government rules and the rules of all insurance plans for claims submission.

PATIENT AGREEMENT: I have read and understand the Financial Policy above and agree to the terms stated. Additionally, my signature indicated that I authorize Legacy to bill my insurance company and to directly reimburse this office.

Signature _____ Printed Name _____ Date _____
 Client's Signature (15 years or older)

Signature _____ Printed Name _____ Date _____
 Signature of Parent, Guardian or Personal Representative (if patient under 15)

Signature _____ Date _____
 Therapist's Signature, Legacy Comprehensive Counseling & Consulting

Legacy Center Credit Card on File

Date: _____

Client's Name: _____

Client's DOB: _____

As a courtesy Legacy Comprehensive Counseling & Consulting will bill your insurance company for their portion of the fee if the therapist you are seeing is in your insurance company's network. Payment of your deductible, co-pay and/or co-insurance is your responsibility and may be collected from you at the time the service is rendered. Some services (including some psychological testing services) may be processed through your insurance company before you are charged for your portion. In these situations, your credit card on file will be charged for your portion (copays, deductible, co-insurance) immediately after Legacy Center receives notice of your amount due from your insurance company. Legacy Center is unable to give an estimation of when your credit card on file will be charged due to the unknown length of time that your insurance company will take to process your claim. If your insurance company denies payment for any reason, the entire fee is your responsibility and will be charged to your credit card on file upon notice of denial from your insurance company.

I, _____, authorize the use of my credit card for the following charges: Appointment fees including, but not limited to, co-pays, co-insurances, deductibles, private pay fees, and charges denied by your insurance company, as well as charges related to No-Shows, Late Cancels and Late Fees.

Signature: _____

Date: _____

Authorized Credit Card Information **(Please note that a credit card is required)**

Card Number : _____ - _____ - _____ - _____

Expiration Date : _____ / _____

Billing Zip Code: _____

Card Holders Name: _____

Card Holders Signature: _____ Date: _____

If you would like us to first try to run appointment fees through your HSA or FSA card prior to charging the remaining balance left over to your credit card, please fill out your HSA/FSA card information below (Please note: We will not bill charges related to no-shows, late-cancels or late fees to your HSA/FSA card; these charges will go directly to your credit card on file.)

Authorized HSA/FSA Card Information

Card Number : _____ - _____ - _____ - _____

Expiration Date : _____ / _____

Billing Zip Code: _____

Card Holders Name: _____

Card Holders Signature: _____ Date: _____