

**Palouse River Counseling  
Fee Policy & Fee Agreement**

Palouse River Counseling (hereafter as PRC) accepts Medicaid, Medicare, and a variety of insurance. This agreement covers your intake/evaluation and any subsequent services.

**Medicaid, Medicare, or Insurance:**

PRC requires that you bring in proof of insurance at the time of your intake/evaluation. We will bill your insurance for services at the established rate. **Co-pays must be paid at the time of service, as required by your insurance company.** If your insurance does not pay the contracted amount, you will be responsible for the amount not paid. It is up to the policy holder of the insurance to know what their insurance covers. PRC may assist in verifying coverage, but cannot guarantee payment. Therefore all financial obligations are still you or your dependent's responsibility. **You are responsible for notifying PRC of any change and or termination to your coverage.** Should your coverage change or terminate, or if the services are denied by the insurance company, you are responsible for paying for the services you or your dependent receives. You are responsible for obtaining all initial and on-going referrals/authorizations prior to receiving services.

**Clients without Insurance Coverage or Clients Choosing Not to Use Insurance:**

If you do not have Medicaid, Medicare, or Insurance, you will be responsible for paying for services rendered at the fee established for you. PRC does offer a sliding fee scale on a limited basis. Please ask at the front desk to find out if you qualify for this funding source. PRC may have the ability to arrange a payment plan to help with the cost of services. If you are on a payment plan you are required to keep the plan current.

**Non-Insurance 3<sup>rd</sup> Party Coverage:**

If another source, other than those mentioned above, will be paying for your services, you are responsible for obtaining the appropriate referrals/authorizations prior to receiving services. If referrals/authorizations are not received you will be responsible for payment of services.

**Collection, Administrative Fee and No-Show/Late Cancellation Fees:**

PRC will charge \$40.00 for no-show/late cancellation appointments. We ask that you cancel or re-schedule appointments as far in advance as possible but give at least 24 hour notice to avoid a \$40.00 charge. PRC reserves the right to use Chapman Financial Services as the collection agency to collect overdue balances. PRC will charge \$30.00 for checks returned for NSF.

**Billing Information:**

This agreement is re-negotiable with loss or changes to Medicaid, Medicare, or Insurance. You will receive a monthly billing statement from PRC. Payment is due within 30 days of receiving the statement. We accept cash, check, VISA, MasterCard, and Discover. Payments over the phone are also accepted.

I acknowledge that the information provided to PRC regarding my coverage is true and accurate. I agree to pay the established fees as indicated on the back of this agreement. I also authorize this agency to release any information necessary to process my Medicaid, Medicare, or Insurance claim(s). I further acknowledge that this information has been reviewed with me and that I have received a copy.

Client Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

The following are the fees charged at Palouse River Counseling (PRC) for Mental Health and/or Chemical Dependency Services.

|                                     |                |   |
|-------------------------------------|----------------|---|
| Alcohol and Drug Information School | 125.00         |   |
| Day Support (Harvest House)         | 25.00          | /Hour   |
| Evaluation (Chemical Dependency)    | 120.00         | (half of fee is required at time of evaluation) |
| Evaluation (Mental Health)          |                |   |
| Standard                            | 150.00         | (half of fee is required at time of evaluation) |
| Intensive                           | 200.00         | (half of fee is required at time of evaluation) |
| Evaluation (Medical)                | 250.00         |   |
| Group (Per Group)                   | 54.00          |   |
| Individual (Chemical Dependency)    | 120.00         |   |
| Individual (Mental Health)          |                |   |
| Standard                            | 120.00         |   |
| Intensive                           | 150.00         |   |
| Information and Referral            | 0.00           |   |
| Intensive Outpatient Program        | 2,800.00       |   |
| Medication Management               | 50.00 - 185.00 |   |
| Psychological Testing               | TBD            |   |
| Urinalysis Collection               | 120.00         |   |
| Urinalysis Lab                      | Variable       |   |

\*All fees are subject to change.