



Behavioral Health & Wellness

### **Terms of Billing and Consent**

- Clients are responsible for knowing their insurance benefits and plan requirements. Therefore, if your insurance company does not pay (unless it was our error in billing or getting prior authorization) you are responsible for all charges incurred.
- Charges for psychological evaluations and therapy vary by provider. Please speak with our office manager for more information.
- We reserve the right to charge \$50 for non-emergency, no-shows and/or cancellations made less than 24 hours in advance. This cannot be submitted to your insurance company. This must be paid prior to your next scheduled session.
- If you become involved in legal proceedings that require your therapist's participation, you will be expected to pay for all of their professional time, including transportations costs, even if they are called to testify by another party. The fee for preparation and attendance at any legal proceeding is \$225 per hour.
- If you are the parent who is authorizing medical care for your minor child, but the other parent is legally responsible for medical payment, we will bill as requested. However, if we cannot secure payment with reasonable effort, we will expect payment from you as the parent who authorized treatment. Therefore, if at all possible, it is recommended that both parents authorize treatment.
- I will pay my co-payment of each visit and/or the total amount due.
- I will notify you immediately of any change in insurance company. Without such notification, any refusal on the part of my insurance carrier to pay for services because of needed preauthorization will be my responsibility.
- I consent to release of protected health information to my insurance company or EAP group for processing of claims, care coordination, and treatment determination needed to respond to the inquiry. I understand Sonder will give only the minimal necessary information needed to respond to the inquiry.

- If my account becomes past due (60 days) and I have not arranged for/or made regular payments, I understand Sonder may turn my account over to a collection agency and/or small claims court to obtain payment. My failure to make payments or arrange payments to settle my account is tacit authorization to Sonder to release the minimal protected health information necessary to the collection agency and/or small claims court.

I hereby assign all medical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance and other health plans to Sonder. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. In signing this, I am consenting to: 1) terms of billing 2) release of health information as needed for collection purposes, and 3) medical benefit assignment.

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Signature

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Date