



Coastal Samaritan Counseling Center

Instilling hope and healing

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Website: www.coastalsamaritan.org

Financial Policy and Fee Agreement

COST: \$160.00 initial intake Effective 01/01/2018
\$140.00 per clinical hour Effective 01/01/2018

TERMS: Payable when services are rendered. When appointments are first scheduled, clients are required to give the Center a valid Credit/Debit Card to hold the appointment. At each appointment, either at the beginning or end of each visit, each client is required to check out at the window before leaving. You will be asked to sign the Client Intake Signature Form, signifying your consent to this Financial Policy and Fee Agreement.

PAYMENT: Cash, Check, or Credit/Debit Card

CREDIT/DEBIT CARD POLICY: The person making the payment must have their card with them. The name on the card must be the name of the person making the payment, except in the case of a primary family member using the card with the permission of the cardholder. The card must be current and not have expired. All transactions must be authorized before processing.

ACCOUNT BALANCES/DEFERRED PAYMENTS: Subject to the approval of the Executive Director; you may requested to remit regular payments to reduce the account balance. This is generally reserved for the following clients: Those who cannot make full payment in cash or check, those who do not have a credit card, or those who do not have medical insurance. Statements will be mailed each month for any accounts with a balance. Counselors will be expected to address responsible management of accounts with clients.

INSURANCE COVERAGE: Using insurance to pay for services is optional. If you wish to use your health insurance to pay for services, you must complete an **Insurance Information Form** and sign a **Release of Information and Assignment of Benefits** so that the Center can submit claims and receive payment for services. **The Center generally cannot approve a fee reduction since you are required by law to meet your deductible and make co-payments as your policy dictates.** However, every effort will be made to work with you until your deductible is met by deferring payment, if necessary. *If the counselor you are seeing is not an approved provider for your insurance company, you have the option of: using out of network benefits if applicable; declining use of your insurance and negotiating a fee based upon income; or agreeing to reimburse the Center the same fee insurance allows.*

FEE ADJUSTMENT: The Coastal Samaritan Counseling Center, Inc. is a non-profit organization dedicated to offering professional counseling and psychotherapy to the community at an affordable cost. As such, the Center operates at a **minimum margin** between the cost of services and the fees charged for those services. If a client demonstrates an inability to pay full fee for therapy, every effort will be made to reasonably adjust the fee. Center policy dictates that **every client is expected to pay something for their therapy.** The fee is based upon a person's ability to pay, determined by these factors: total household income, number of persons in the household, availability of health insurance, and other extenuating circumstances such as loss of employment, recent separation/divorce, excessive medical expenses, bankruptcy, caring for elderly parents/dependent children, and excessive consumer debt. If you would like to be considered for a fee adjustment, please speak with your counselor at your first session. **You must complete the Adjusted Fee/Client Assistance Fund Application to be eligible for the fee adjustment. You must provide proof of income by bringing in a pay stub, W-2, or previous year's tax return to be eligible for a fee adjustment.** You and your counselor can negotiate a fair and reasonable fee at your first session. Coastal Samaritan Counseling Center is able to offer an adjusted fee program due to the donations made by the generosity of donors: private business, organizations, clubs, churches and individuals.

CANCELLATION POLICY: In the event that you need to miss a scheduled appointment, please extend the professional courtesy of cancelling as early as possible, so that the hour reserved for you may be offered to someone else needing profession counseling services.

Client Signature

Date