

Counseling Center at MHA
Mental Health Association of South Central Kansas
555 N. Woodlawn Suite 102
Wichita, KS 67208
Client Fee Agreement

Insurance: The Counseling Center at MHA will file insurance claims on behalf of the client. The office will accept the maximum allowable reimbursement for services. The client is responsible for any deductible, coinsurance, and copayment due. The client is 100% responsible for any non covered services rendered. The Counseling Center will not become involved in disputes between the client and the insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered services, and “usual and customary” charge. The Counseling Center at MHA will supply factual information as necessary. The client is responsible for timely payment on the account. The client is responsible to inform us of any insurance changes, including additional or new policies.

Co-Pays: Co-payments are due at the time of service prior to the service.

Cash Discounts: For those without insurance, the Counseling Center at MHA offers a cash discount to those requesting services. Cash discounts are \$110.00 per diagnostic or medication evaluation, \$75.00 for one hour of therapy, and \$53.00 for medication management appointments. The discount is offered only if paid at the time of service. Otherwise, published rates apply. Entry into medication services requires two separate evaluations.

Un Paid balances: Clients normally receive a statement from the Mental Health Association monthly, after the insurance company has processed the claims. The statement reflects charges that insurance company has not paid. Payment is due within 30 days of the statement date. An account is considered past due if not paid by the date on the statement, unless prior arrangements have been made with the billing office. If no attempts at payments have been made, the account maybe referred to a collection agency. We accept cash, check, money orders, debit cards, MasterCard, Visa and Discover.

Returned Check Fees: The charge for a returned check is \$30.00 payable by cash or money order. This fee will be applied to the client account in addition to the insufficient fund amount. The Counseling Center at MHA reserves the right to prohibit payment methods by other means if this occurs.

Court Costs: If a client becomes involved in legal proceedings that require a therapist or clinician’s participation, the client is expected to pay for all professional time related to the proceedings; including preparation, transportation, report writing, and actual time in attendance. These fees apply even if a therapist or staff is called by another party. The costs for these services are \$175.00 per hour.

Consultation/Special Document Preparation: If a client requests meeting or consultation that is not otherwise covered by insurance, the published rates apply for the scheduled time. Preparation of specific reports is billed at the same rate. I have read and understood the above agreement and by my signature below, agree to the terms.

_____	_____	_____
Client Name Printed	Client Signature	Date
_____	_____	_____
Name of Representative Printed	Representative Signature	Relationship