



Untying Knots Counseling
Megan Young, MSW, LCSW-S, RPT
Gloria Chappell, MSW, LMSW supervised by Megan Young
205 E. Highway 80, #125, Forney, Tx 75126
469-730-6650

Self-Pay and Insurance Payments

Client Name and Date of Birth: _____ Today's Date: _____

Considerations and Fees for Self-Pay Clients

The expectation is that most sessions will last 45-60 minutes, as that is the time blocked for your appointment. Some younger children may not be able to tolerate a 45-minute session, therefore times will be formatted to fit those individual needs and will be discussed with you by your clinician. **Payment is due at the time of service**, and because there is a **24 hour cancellation policy**, *your payment can be processed up to 24 hours prior to your appointment*. Payment may be made by check, cash or debit/credit, but a credit card is required to keep on file. The fees outlined below are for therapy sessions only, and do not include additional fees: for example, legal letters, ESA letters, FMLA paperwork):

60 minute initial session (play, teen, adult): Megan Young (\$130); Gloria Chappell (\$75)
45-60 minute individual session (play, teen, adult): Megan Young (\$130); Gloria Chappell (\$75)
50-60 minute caregiver consultation (play): Megan Young (\$130); Gloria Chappell (\$75)
Group Counseling: \$200 (\$40 per session for 5 sessions)

****Please be aware these prices are subject to change, but 30 days written notice will be given in the event of any price increase. ****

Fees for Insurance Clients

In order to use your insurance, your provider will need to first verify they are in-network with your plan at least **72 business hours** prior to your initial appointment or your appointment may be rescheduled. Untying Knots Counseling, PLLC uses different billing platforms to submit claims and payments, including Headway and Grow Therapy, as well as billing under Untying Knots Counseling, PLLC. Your provider will inform you of which platform will be used and additional information may be needed to complete through the platforms.

Billing concerns related to Headway and Grow Therapy will need to be relayed directly to those platforms, which can be accessed with the help button on your account via the corresponding platforms. Please understand that insurance is complicated and no plan is the same. Every platform does their best to maintain updated information related to your insurance, but insurance is a complicated process and things change frequently.. Errors can occur and none of the platforms are responsible for changes that occur *from the insurance plan*. It is the consumer's responsibility to understand their benefits and update the necessary platform immediately if there are any changes to your plan or credit card information. If your insurance plan becomes inactive or your credit card on file does not work, treatment may be delayed until the issue is resolved.

Mental Health Insurance Coverage

Your clinician is in-network with various insurance plans; however, there are still limitations to using insurance to cover mental health services, and the responsibility of understanding specific coverage is up to the consumer. The clinician will check specific eligibility and benefits, as well as obtain any necessary preauthorization and referrals. The clinician will discuss eligibility and benefits with the client/consumer based on the information provided from the utilized billing platform, although this information is not always accurate *from the insurance plan*.

Primary and Secondary Insurance Plans

The clinician is required to know if the client/consumer has a primary and secondary insurance plan. The clinician must have the primary and secondary insurance information on file to submit claims through the primary insurance first. It is the client's/consumer's responsibility to know the primary and secondary information or to contact their insurance companies to complete a coordination of benefits if they are unsure of which is primary and secondary.

It is the responsibility of the client/consumer to inform the clinician of any changes in insurance at least 72 business hours in advance, including changes to primary payer or changes in the plan or your appointment might be rescheduled. The client/consumer is liable for any fees accrued: for instance, claim denial, recoupments due to primary versus secondary insurance issues, copays, changes in insurance coverage. In extreme cases, any outstanding balances for denials or insurance recoupments will be sent to collections.

The clinician will obtain a release of information to be able to exchange information with the insurance company. If a client/consumer chooses to utilize insurance to cover the cost of mental health counseling and related charges, the insurance company is entitled to access the mental health records of the client/consumer. The insurance company is still legally obligated to maintain confidentiality of those records.

Payment

Self-pay clients are responsible for payment at the time of service. Any concerns related to payment can be addressed directly with the provider including late cancellations and no-show appointments. Please be aware that your card can be charged up to 24 hours in advance of your appointment.

For insurance payment clients, the expectation is payment is due at the time of service; however, for clients who are billed under the Untying Knots Counseling platform, which your provider will inform you, your card on file will not be charged until the payment information is received from the insurance company. This helps to mitigate refunds and overpayments, but please be aware it can take up to 30 days to receive those payments from the payer. Once payments are received, the client will receive a statement from [Therapyportal.com](https://www.therapyportal.com) with any outstanding balances. The card on file will be charged within 24 hours unless the client logs into their account to complete payment a different way.

Use of a Collection Agency or Reporting to the Consumer's Insurance

In the event of open/unpaid balances, Untying Knots Counseling, PLLC does have the option to utilize a collections agency. Initial attempts will be made via email or discussed in-person. Additional attempts will be made at 30, 60, and 90 days for payment via mail. After 90 days, the open/unpaid balances can be sent to a collections agency in an attempt to collect the balances. Please note, the providers at Untying Knots Counseling, do not want to use a collections agency and will attempt to work closely with the client/consumer to prevent the use of collections.

For insurance clients specifically, in the event the payment is left unpaid after 90 days or at the end of the calendar year without contact, Untying Knots Counseling, PLLC will report the unpaid balance to the insurance company, which can directly affect the consumer's contract with the insurer.

Good Faith Estimate

The No Surprises Act (NSA) is a U.S. Federal Law protecting consumers with and without private insurance from unexpected "surprise" medical bills, especially for emergency care, out-of-network providers at in-network facilities, and air ambulances, by stopping out-of-pocket costs to in-network rates. It also requires providers to give uninsured or self-pay patients good faith cost estimates for scheduled services, giving them new rights to dispute bills that are much higher than the estimate. It is the practice of Untying Knots Counseling, PLLC to provide you with the cost of additional fees that might be accrued in the course of counseling, such as legal letters, FMLA paperwork or printing medical records. Your provider and billing platform also outline your estimated copay and coinsurance amounts; *however, as previously stated, the information received from insurance companies is not always accurate. It is required by the consumer to understand their benefits and confirm the accuracy of the information provided.*

Request of Common Services Not Covered by Insurance

Common requests for services include, but are not limited to, FMLA or short-term disability assessments, emotional support animal letters, and court-related matters. The aforementioned requests, as well as others, are not typically covered by insurance and are charged at various rates outlined in the informed consent document.

Family and Couples Counseling is a commonly requested service that is not always covered by insurance. Again, it is up to the insured to understand their benefits. When working with minors, particularly younger children, parental involvement is often necessary and required for the progression of treatment. Some adults will request family therapy services as a supportive way to manage symptoms and improve communication. In the event family or parent sessions are not covered by insurance, the self-pay rate will apply.

Medical Necessity

Self-pay and insured clients require medical necessity in order to provide treatment, although this can be far more limiting for insured clients who may not meet criteria for medical necessity. Self-pay clients are given the freedom to have a therapist for supportive means without necessarily meeting criteria for a specific diagnosis. Utilizing insurance to pay for yours or your child's mental health treatment means medical necessity is required for coverage. Medical necessity is defined as "health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine." An insurance company can determine at any time the treatment is no longer medically necessary, which can be a frustrating situation for the client/consumer. Providers use various forms of assessment to determine if you or your child continue to meet medical necessity. The goal of counseling is that the client is able to discharge from treatment at some point, but this differs for everyone.

Regarding diagnosing, your provider will work with you to understand symptoms and create an effective treatment plan with the goal of reducing those symptoms. If you or your child has been under the care of a psychiatrist, another mental health counselor, or received psychiatric medication from a PCP then the client/consumer already has a mental health diagnosis. For continuity of services, it is beneficial to understand any previous diagnosis from other clinicians.

Supervisory Billing

Some insurance plans allow for supervisory billing, which allows for the Licensed Clinical Social Work Supervisor to sign notes from an associate licensed professional. Your provider should explain the distinction to you at your intake session. The billing is then completed under the clinical supervisor's tax-id number, which may also be reflected on your explanation of benefits.

Request for Superbill

If your provider is out-of-network with your insurance plan, you can request a superbill to submit to your insurance for possible out-of-network reimbursement. Please note that anything submitted to your insurance for reimbursement will require a diagnosis on your electronic records. If you are in-network with an insurance plan, of which the clinician is also in-network; but you choose to self-pay, you will need to sign an opt-out of insurance form and you will not be eligible to receive a superbill.

Credit Card Authorization

A valid credit card is required to keep on file regardless of the platform or client payment category. The clinician will always inform the client/consumer via email or in-person prior to charging the credit card. Please notify your clinician in advance if you need to pay by cash or check. Your signature below indicates your agreement for your card to be charged for services rendered or for any late cancellation/no-show fees outlined in the informed consent document.

CARD NUMBER: _____/_____/_____/_____
 EXPIRES: _____/_____ CV (3 numbers on back of card): _____
 BILLING ADDRESS: _____ ZIP: _____
 NAME AS IT APPEARS ON CARD: _____
 SIGNATURE: _____

My signature above indicates my authorization for my provider to charge my card for services rendered, and/or for other applicable fees, as well as understanding and agreeing to the contents in this document.

For Insured Clients Only

A release of information is required to keep on file if the client is using insurance to pay for mental health treatment. The Notice of Privacy Practices explains in detail how your information is used and shared with others, including insurance companies. By agreeing to use insurance to pay for services, consumers understand the insurance company is entitled to request records or other information at any time, and the providers at Untying Knots Counseling, PLLC generally have 3 business days to comply with the request. Your provider will do their best to inform you if a request is made, but it is not required.

By signing below, consent will be given to release otherwise confidential information. Untying Knots Counseling will receive or give information to the entity named below. Information may be shared for the purpose of treatment planning, assessment information, coordination of services, psychosocial information, discharge planning, or other forms of clinical services. Information will be shared between: _____
 Untying Knots Counseling, PLLC/

AND

 Insurance Company Street, City, State, Zip (Back of card) Phone Number

 Client Name Date of Birth Today's Date

 Signature of Client or Guardian

Expiration Date of ROI: 1 year from date signed above unless revoked earlier.

Reason for release of information: to allow your provider at Untying Knots Counseling to submit claims and other necessary information to the client's insurance company.