

RISE Counseling & Consulting, PLLC

Fee Agreement Policy

Payments are due at the time of the appointment, unless other arrangements have been made. Payments can be made via *exact* cash, check, or debit/credit card. Any returned checks are subject to an additional fee of up to \$50 to cover the bank fees we incur. In the event of an overdue account, you are responsible for all collection costs and interest charges may be added to your account.

If you choose to make payments with a credit card, health savings account (HSA), or flexible spending account (FSA), please be aware that we may need to contact your method of payment if any problems arise. We reserve the right to do so as needed and assure you that we will only communicate information with your payment company that is necessary for them to access your account to answer questions and provide solutions to problems utilizing your form of payment.

Balance Accrual Guidelines

- Any balance due will continue to be due until paid in full.
- If balances are unpaid for 4-6 months, we will notify our collection agency.
- To apply for funding assistance, complete the Mental Health/Disability Services (MHDS) application here: <https://www.iacsn.org/apply>. MHDS will not backdate applications so apply right away.
- For balances over \$500.00 for over 30 days, services will be paused until balance is under \$500.00 and sessions can then be resumed.

Insurance Benefits

Before starting services, you should confirm with your insurance company if:

- Your benefits cover the type of services you will receive;
- Your benefits cover in-person, telehealth, or school-based sessions;
- You may be responsible for any portion of the payment (deductible, copayment, coinsurance); and
- Your Provider is in-network (INN) or out-of-network (OON)

It is your responsibility to ensure RISE has your current insurance policy on file.

Email admin@risecounselingandconsulting.com and request a new "Client Insurance Form" to complete.

If you do not have insurance coverage, listed below are our cash/**private pay rates** for the services we provide. Please understand that you will likely not be seen for all of these services and that this is an extensive list being provided to you in the interest of full transparency. The services provided to you will be at the discretion of your provider and will be done so based on medical necessity and your specific service needs.

2025 THERAPY FEES (Effective 01.01.2025):

• 90791 (Therapy Intake)	\$260
• 90832 (Individual Therapy, 16-37 Minutes)	\$130
• 90834 (Individual Therapy, 38-52 Minutes)	\$175
• 90837 (Individual Therapy, 53+ Minutes)	\$250
• 90839 (Crisis Session - 60 Minutes)	\$275
• 90840 (Crisis Session - Additional 30 Minutes)	\$130
• 90846 (Family Therapy, without client present, 50 Minutes)	\$200
• 90847 (Family Therapy, with client present, 50 Minutes)	\$230
• 90853 (Group Therapy)	\$75
• Intern Rate (1 Hour Maximum)	\$25

2025 MEDICATION MANAGEMENT FEES (Effective 01.01.2025):

• 90792 (Evaluation with Medication Services)	\$300
• 99212 (Outpatient - Established Patient - Straightforward MDM)	\$100
• 99213 (Outpatient - Established Patient - Low Complexity)	\$150
• 99214 (Outpatient - Established Patient - Moderate Complexity)	\$225
• 99215 (Outpatient - Established Patient - High Complexity)	\$280
• 99417 (Add on medication, additional 15 Minutes)	\$100
• 90833 (Add on therapy, additional 16-37 Minutes)	\$175
• 90836 (Add on therapy, additional 38-52 Minutes)	\$200
• 90838 (Add on therapy, additional 53+ Minutes)	\$225
• Physical (15 Minutes)	\$40

This is an extensive, not an exhaustive, list and your provider may deem other services medically necessary.

OTHER POSSIBLE FEES (not covered by insurance):

- No Show/Late Cancel Fees \$75 per missed appointment
 - No Show = 10+ Minutes Late
 - Late Cancel = Less Than 48 Hours Notice
 - Clients may be discharged for frequently missed appointments.
- Court Testimony Fees \$500 per hour, 4 hour minimum
 - We do not testify in custody hearings as this is beyond our scope of practice.
- Administrative Fees \$80 per hour, 1 hour minimum
 - Attending meetings (such as IEP or 504 meetings)
 - Record requests
 - Writing letters, reports, or summaries of care
 - Completing applications or forms
 - Other administrative tasks as requested / needed

Medication Specific Information:

- If services are paused due to balance accrual, medication refills will be provided for 30 days and then after 30 days, at the discretion of the provider, medications may be continued and/or tapered and discontinued.
- If a client elects to switch practices, medication refills are at the discretion of the provider. Stimulants and benzodiazepines will be tapered appropriately and discontinued.
- If 2 consecutive appointments are missed, it is at the provider's discretion to continue refilling medications or to taper and discontinue medication appropriately.

By signing below, I acknowledge I have read this Fee Agreement Policy in its entirety. I also understand I am responsible for the above rates in the event that my insurance does not cover or denies claims billed by my provider.

Name

Date