Megan Ashby, MEd., LPCC-S

Kristina Hayden, MEd., LPCC-S

Building A, Suite 1

2225 Lawrenceburg Road

Frankfort, Kentucky 40601

Telephone: (502) 783-6030

Fax: (855) 727-3501

**Healthy Minds Counseling Services, Inc. Financial Policy**

At Healthy Minds Counseling Services, Inc. (which includes: Ashby Counseling Services, Megan Ashby, M.Ed., LPCC, Hayden Counseling Services, and Kristina Hayden, M.Ed., LPCC) we are committed to providing you with the best possible care and are available to discuss our professional fees with you at any time. You are responsible for seeing that the entire bill is paid in full. Healthy Minds Counseling Services, Inc. is contractually obligated to all insurance companies to collect on balances that are your responsibility. Your clear understanding of our financial policy is important to our relationship. If you have any questions about this policy, we encourage you to let us know so that we may address your concerns and provide you with clear answers.

**Payment for Services: *Payment for services is due at the time of service.*** We accept cash, checks, MasterCard, Visa, Discover, American Express, debit cards and healthcare reimbursement debit cards. All payments are expected at the time of service and any outstanding balances are due within 30 days, unless prior arrangements have been made with your clinician. If a balance has not been paid, it will be sent to an outside collection agency. Should your account be sent to the collection agency, you will be financially responsible for the collection fees and any legal fees that could be incurred while collecting the delinquent balance. Payment in full of any past due balances is expected prior to your session, in addition, payment in full of the current session will be required at the time of service.

We will file your insurance claim for reimbursement; we accept assignment from the major insurance carriers. Please check with your clinician to see if we participate with your plan.

**It is important for you to understand that your health insurance coverage is an agreement between you and your insurance company and any billing for the services provided to you is an agreement between you and your clinician.**

**If we DO participate with your insurance company,** all services performed in our office will be submitted to them, unless we have received prior notification of non-covered services. All copays and deductibles are the client’s responsibility and any balances that are not covered will be the client’s responsibility.

**If we DO NOT participate with your insurance company,** we will file the insurance claim and accept the payment, but we will not accept the contractual adjustment. That balance will be the client’s responsibility and any balances that are not covered will be the client’s responsibility.

**Not all services are a covered benefit in all contracts.** Some insurance companies arbitrarily select certain services they will not cover. It is your responsibility to know if a certain procedure is not covered, please check your insurance handbook.

**Motor vehicle accidents** are not filed to health insurance and are expected to paid at the time of service. In worker compensation cases, we will send the appropriate claim forms for services rendered on your behalf. We will require a claim number and the workers compensation carrier information before the claims can be filed. If and when a worker’s compensation claim is denied we will require payment in full within 30 days.

**Healthy Minds Counseling Services, Inc. must emphasize that as behavioral health providers, our relationship is with you, not your insurance company.** While filing the insurance claims is a courtesy we extend to our clients, all charges are strictly your responsibility from the time services are rendered. Therefore, it is often necessary for you to inquire and explore your benefits with your insurance carrier. We do realize that temporary financial problems may affect timely payment, but if such problems do arise, we encourage you to contact your clinician promptly for assistance in the management of your account.

In order for Healthy Minds Counseling Services, Inc. to provide the quality of care it offers, you must be willing to do your share in helping us to help you receive insurance benefits for which you are fully entitled.

***I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY HEALTHY MINDS COUNSELING, INC. AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE CLIENT.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s or Parent/Legal Guardian’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthy Minds Counseling Services, Inc. Witness Date