

Alice Litter MSW LICSW

Office and Billing Policies Agreement

COMMUNICATION

1. Alice Litter LICSW (“I”) will provide 24-hour confidential voice mail access.
2. In an emergency, if a client (“you”) cannot reach me directly, please call 911 and/or seek help from the nearest emergency room.
3. For your convenience, communication by email or text is an option for routine, non-urgent matters. However, please be aware that the security and confidentiality of email or text communication with me cannot be guaranteed as it will not be encrypted and there is a possibility that electronic communication can be intercepted and read by other parties besides the person to whom it is addressed.

BILLING

4. Insurance companies reimburse only “medically necessary” counseling supported by a mental health diagnosis. For this reason, some counseling is not eligible for reimbursement and some eligible clients prefer self-pay for privacy reasons.
5. As a service to my clients who wish that I do so, I can bill health insurance companies directly for reimbursement for your office visit. You are responsible for knowing the terms and limits of your insurance coverage.
6. I will request payment from you at the time of each appointment for either self-pay or whatever portion of the fee (e.g. copay, coinsurance, deductible) that is your responsibility under your insurance plan.
7. You are responsible for payment in full if your health insurance carrier denies reimbursement.
8. There is an out-of-pocket fee for missed appointments and cancellations without a minimum of 24 hours advance notice to me (the only exceptions to this policy are unforeseeable illness or hazardous weather driving conditions).
9. Please be advised that when you seek health insurance reimbursement for your counseling visits, there are terms imposed by your insurance company that may require I disclose to the insurer specific information regarding your treatment. These terms vary depending on the policies of a health insurance provider. In all instances, however, I am required to provide a formal mental health diagnosis for you as the basis for each visit.
10. Your insurance company may also require the submission of detailed information regarding your progress in therapy before determining whether additional sessions are “medically necessary”.
11. Your insurance company also has the right to access counseling records pursuant to its internal audit policies.
12. Out-of-pocket fees may be assigned for additional services such as letters, reports, or collaborative meetings. Clients may be charged on a pro-rated basis for telephone conversations that exceed fifteen minutes.

Your signature below confirms that you have read, understood, and accepted the terms set forth above and that you consent to receive treatment from Alice Litter LICSW.

Your signature below confirms that you understand that the security and confidentiality of email or text communication cannot be guaranteed.

Your signature below constitutes your permission for me to contact your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage and that the limits of confidentiality when seeking reimbursement from insurance companies have been explained to you. Your signature below also constitutes your permission for your insurer to make payments directly to me.

Date: _____

Signature of client/parent/legal representative or guardian

Printed Name of person signing above