Patient Name: _____ Date of Birth: _____ Medical Record #: _____

LeBauer Behavioral Medicine Service Agreement – you must sign page 2 of this form, acknowledging you have read this in order to begin therapy, with any of our providers.

Consent for treatment: All patients requesting LeBauer Behavioral Medicine services which may include individual, couples, or family treatment, and other diagnostic and treatment services deemed necessary, must give written consent to receive these services. Parents must provide written consent for their minor child.

The patient name listed at the top of this form is the identified patient in our records. Appointments will be billed under this patient name and medical record number.

Fees and Insurance Coverage: We have contracted rates with most insurance companies; your insurance has an allowable amount for each CPT code and will reduce the gross fee to the amount allowed by your insurance. Most likely, you will only be responsible for a copay, however you may also have a deductible or co-insurance depending on your insurance coverage. LeBauer HealthCare will bill your insurance company. **Please update us any time with insurance coverage changes, as well as any address or phone number changes, and you can update this information in the MyChart app as well.** We can assist you in determining your insurance benefits and coverage for our services. Please be aware, **you are ultimately responsible for understanding your benefits.** Our office recommends you call the number on the back of your insurance card to verify your coverage and benefits. Additionally, insurance companies may require authorization, or have a visit limit. It is your responsibility to track these limits. **Your co-pay is expected at the time of service. Please pay your copay via the MyChart app prior to your appointment time. You are responsible for any amount not paid by your insurance company. This will include copays, deductibles, co-insurance, and any non-covered services.** If you do not have insurance, a payment of 45% of the gross fee is due at the time of service, unless other arrangements have been made. **Please direct any billing questions to patient accounting at 336-832-8014 or 866-479-8800.** You may also discuss payment plans and sliding scale fees with our patient accounting department.

Our gross fees as of January 1, 2022 (fees are subject to change each calendar year) are:

- **Diagnostic session performed at initial visit and once annually, gross fee $410.**
- **Psychotherapy 53+ minute session, gross fee $375.**
- **Psychotherapy 38–52-minute session, gross fee $275.**
- **Psychotherapy 16–37-minute session, gross fee $175.**
- **Conjoint, marital or family psychotherapy session, gross fee $275.** For couples or family therapy, all adults must sign our service agreement. If you are being seen as a couple, it is important for both of you to be at each session, or as your therapist has instructed. Insurance companies occasionally do not cover family therapy when the identified patient is not present. This may be necessary when parents need to meet with the therapist without the child/children present.
- **Psychological testing ranges from $270 to $375 per hour and can be up to 12 hours** (includes actual testing hours, plus report writing hours), please ask your provider how many hours they anticipate for your testing. **Gross fees $1,840-$3,670.**

Additional Fees You May Be Charged. These are fees not covered by insurance and will be billed to the patient.

- A fee will be assessed for telephone consultation time spent over 15 minutes. This may include conversations (at your request, and with your permission) with you, your family, and with other professionals and/or ancillary contacts.
- Medical records requests, review of records, paperwork such as assessment forms, and letters for various reasons (at your request, and with your permission) will be assessed a fee of $29 to $125 depending on the time involved.
- If you have a returned check, patient accounting will assess a service fee.
- Patient accounting may use a collection service to retrieve any balance, which remains unpaid after 90 or more days.
- **No Shows and Late Cancellation Policy** (also see discontinuation of services)**: If you fail to keep a scheduled appointment or do not cancel at least 24 hours in advance (office #: 336-547-1574), you will be responsible for a $50 no show fee per hour.** If you are scheduled for an appointment on Monday, you must cancel by 12:00 noon on Friday. **If you are scheduled for a block of testing and do not provide 24 hours' notice, you will be charged $50 for each hour missed.**
- **Court Cases:** We have a separate service agreement for cases related to court testimony – please ask your therapist for the legal agreement. **Court fees and prep time are explained in that agreement.**

Inclement Weather: Please refer to our website for potential closings or delays. Contact the office or your provider as soon as possible if you need to reschedule your appointment. We will make every effort to contact you if providers will not be in the office. Please call us to reschedule at 336-547-1574 if you have not heard from us and are concerned about the weather.

Confidentiality: LeBauer HealthCare holds that all client information is strictly confidential. We utilize an automated appointment reminder system, which calls to remind you of your scheduled appointments. Please let us know which number you prefer to be reached at, or if you do not want this appointment reminder. This system is not 100% fail-safe, and you are responsible for knowing your appointments. **Confidential information may be released without your consent if:**

- You are at risk of harming yourself or others.
- Your records have been summoned by court order.
- Child or elder abuse is suspected. Your therapist is bound by state law to report these to the Department of Social Services.

Coordination of Care: Your primary care doctor or referring clinician is involved in your care. In order to fulfill our mission to provide comprehensive health care to our patients, we request (with your permission) that your therapist correspond with your referring or primary care doctor as needed. We believe that coordinating our services enhances comprehensive patient care. This information may include diagnosis, treatment plan, and a brief summary of the patients' response to therapy, to be sent to the referring and or primary care doctor periodically throughout the treatment process and at termination. This will be included in the patients' medical chart. **If you object to this communication, please notify your Behavioral Medicine provider.**

MyChart: Please update your demographics and insurance information in MyChart. Copays are due at the time of service, please pay your copay prior to your appointment via MyChart.

Electronic and Social Networking Policy:

Therapy sessions may not be recorded without our permission and consent from all parties.

- Please be aware that for your own confidentiality, the clinicians in this office will not "friend" or accept "friend requests" through Facebook or any other social networking site.
- If you email a clinician, you may do so only with their approval, with the intent of providing them with an update on your condition or circumstances. They may not necessarily reply to your email, and they will not provide therapeutic services via email. If they receive an email from a friend or family member on your behalf, they will not respond, as they cannot confirm that you are a patient.

Childcare: Please arrange for childcare prior to your appointment. Do not leave children unattended in the waiting room.

Discontinuation of Services and/or Changing Therapists:

- Failure to keep consistent appointments may result in discontinuation of services where the patient may be referred to other facilities for treatment.
- No shows/late cancellations: two consecutive no shows/late cancellations, or three or more no shows/late cancellations within a year may result in discontinuation of services.
- As your symptoms improve you may decide to reduce or discontinue therapy. It is preferred that therapy termination is planned and scheduled with your provider. If you discontinue sessions or have not been seen for 3 months, your therapy case will be closed. Please know that you are welcome to resume therapy at a later date.
- If you and your therapist determine that a different provider is be a better therapeutic fit for your care, arrangements can be made to recommend a different provider within or outside of LeBauer Behavioral Medicine.

Please provide an emergency contact that we may speak with, in the event that we are unable to reach you:

Name: _____ Relationship: _____ Phone number: _____

Statement of Understanding and Consent: I have read this service agreement, fully understand its contents, and agree to abide by its terms.

Patient Signature: _____ Date: _____

_____ Date: _____

Additional Signature for spouse/partner/parent (if being seen for couples' or family therapy)