



# Progression Counseling Group

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## **FEE STRUCTURE, PAYMENTS, INSURANCE AND CANCELLATION**

### Out of Pocket Counseling Rates (\*If not billing insurance):

1 Hr. Initial/Intake Counseling Session:

\$190

50-60 Min. Counseling Session:

\$175

45 Min. Counseling Session:

\$130

30 Min. Counseling Session

\$90

### Miscellaneous Charges (Charged Directly to Client):

Missed or Late Cancelled Appts (\*commercial or private insured only):

\$100

Requests to Complete forms:

\$25-\$100 depending on form type

Requests for Written Letter (other than appointment excuse and no more than one page):

\$25

Record Requests (other than court ordered/subpoena or for SSDI):

\$15

Consults on Behalf of Client Request with Other Professionals (ex: psychiatrist, hospital staff, school staff, etc):

\$15

Required Appearance in Court on Clients Behalf (regardless of time spent)

\$3500/day minimum

Clients who do not have insurance or are opting to not use their insurance, will owe the above "Out of Pocket Counseling Rate", at the time of each session. If client's choose to bill insurance for their services, they should contact their insurance to confirm their mental health benefits, understand specifics of their plan, and obtain pre-authorization if necessary. If client's have a deductible that has not been met, they will owe the contracted rate (set by their insurance) at each session. Once deductibles are met, clients may then have no patient responsibility or, may owe a copayment or coinsurance (percentage of rate) each session, until the out of pocket maximum is due.

It is the client's responsibility to understand their insurance plan benefits. Everyone's plan is different and Progression Counseling Group is not knowledgeable of your plan specifics. Please call the number on the back of your insurance card and ask for your "mental health" or "behavioral health" benefits. Medical benefits often differ from behavioral health benefits. Ensure that our office is listed by your plan as an in-network provider (can give the insurance NPI # 1013430826). If they require a service (CPT code), give them 90837. You can ask whether or not you will have a copayment/coinsurance due, or if you have a deductible.

There are many different terms that make it difficult to understand what is covered by your insurer and what you are responsible to pay. Checkout these definitions of four commonly used

healthcare insurance terms from Healthcare.gov to better understand your healthcare responsibility.

#### DEDUCTIBLE

The amount you pay for covered healthcare services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

#### CO-PAYMENT

A fixed amount (\$20, for example) you pay for a covered healthcare service after you've paid your deductible. Let's say your health insurance plan's allowable cost for a doctor's office visit is \$100, and your copayment for a doctor visit is \$20.

If you've paid your deductible: You pay \$20, usually at the time of the visit.

If you haven't met your deductible: You pay \$100, the full allowable amount for the visit.

Co-payments (sometimes called "co-pays") can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

#### COINSURANCE

The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible. Let's say your health insurance plan's allowed amount for an office visit is \$100 and your coinsurance is 20%.

If you've paid your deductible: You pay 20% of \$100, or \$20. The insurance company pays the rest.

If you haven't met your deductible: You pay the full allowed amount, \$100.

#### OUT-OF-POCKET MAXIMUM/LIMIT

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you spend for services your plan doesn't cover.

\*Despite the fact that some companies list us as an EAP provider, we only accept UH/Optum and BCBS/Anthem AEP.

As a courtesy, prior to the first appointment, Progression Counseling Group will request a quote of benefits from your insurance company. At times, however, this initial quote is inaccurate. If the quote we get is different than what you understand your plan benefits to be, please let us know and we'd be happy to obtain a second quote. If there is out of pocket cost anticipated (copayment, coinsurance or deductible payment due), client's will be informed and payments will be due at the time of each service. The quote of benefits provided by your insurance is not a guarantee of payment. You will be responsible for any balance due, after your insurance has processed your claim. We will do our best to keep you informed if your claims process differently than your insurance quoted.

\*Progression Counseling Group requires a valid credit card be kept on file for anyone who is self pay/uninsured or anyone using commercial or private insurance benefits. All payments are due at the time of service (including missed appointment fees, payments towards unmet deductible, coinsurance or copayment) and will be automatically charged to the credit card on file.

It is the clients responsibility to update Progression Counseling Group of any changes to insurance benefits, including updated member ID's, changes in plans, or changes of deductibles, copayments or coinsurances. Per request, Progression Counseling Group will resubmit claims from the most recent 30 days, to new or updated insurance. It is at the discretion of Progression Counseling Group whether to back bill insurance for dates of service beyond 30 days, if a client has neglected to provide correct or updated insurance at the time of service. If Progression Counseling Group does back bill insurance, any refund due to the client, will be processed to the credit card on file only after resubmitted claims process.

Clients may be responsible for fees/charges related to extended telephone conversations, site visits, requested form completion, requests for letters, report writing and reading, requested consultation with other professionals, releases of information, reading records, longer sessions, travel time, etc. The time it takes for the therapist to do typical therapy notes for each session is included in the session fee. Clients will be informed of these anticipated above and beyond fees. Examples of common miscellaneous fee charges are noted at the top of this form.

In the event that an account is overdue (unpaid), Progression Counseling Group has the discretion to pause or discontinue services until payment is made and/or use legal means (court, collection agency, etc.) to obtain payment. Progression Counseling Group will be entitled to recover a reasonable amount of fees to cover the cost of collection.

#### CANCELLATION POLICY

If you are unable to attend an appointment, it is requested that you provide at least 48 hours advanced notice to the office. Please understand we have held this time for you and the clinician does not get paid, if you do not show up. Additionally, attendance is a part of treatment compliance.

If you are more than 15 minutes late, your appointment will be considered missed. If there are 2 consecutive no shows or 3 total no shows, we reserve the right to cancel your services and refer you to another provider.

In the event that the local public schools are cancelled due to inclement weather and you are scheduled for an in office appointment, the office will be closed as well. We will call you to confirm cancellation of face to face appointment and a teletherapy appointment will be available at the same time.

Clients who are self pay or have private/commercial insurance, will be charged a fee of **\$100** for cancellations made with less than 48 hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed,. This fee is not covered by insurance and will be charged directly to the client, using the credit card on file. Clients who have active OhioMedicaid insurance will not be charged. though are expected to adhere to the policy.

We appreciate your help in keeping the office schedule running timely and efficiently.

**\*By signing this form, you acknowledge and agree to the Cancellation Policy of Progression Counseling Group**

**\*By signing this form you acknowledge that Progression Counseling Group has disclosed this information to you.**

**\*By signing this form, you authorize Progression Counseling Group to disclose to and/or obtain information from the insurance company you have provided to us, for the purpose of insurance billing/payment collection for services. Description of information to be disclosed may include diagnosis, date of service/length of service/type of service, and other information requested for billing/payment.**

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Client signature

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Date