



Progression Counseling Group

3681 Green Road, Suite 404
Beachwood, OH 44122
www.progressioncg.com

Phone: (216) 342-5484
Fax: (216) 450-1126
Email: hillary@progressioncg.com

FEE STRUCTURE, PAYMENTS & INSURANCE

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

Clients who do not have insurance or are opting to not use their insurance, will owe the above 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. As a courtesy, prior the 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 you 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, 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.

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.

*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.

Client signature

Date