



KEY COUNSELING AND CONSULTATION Billing Information

Insurance Policies

Primary Insurance

We are not contracted with insurance, with a few minor exceptions. As a courtesy, we may contact your insurance provider to collect information regarding your mental health benefits before your first session. We expect you, the policy holder, to call and determine what your plan does and does not cover.

We may, as a courtesy, file your claim for you. You will be asked to make co-pays or deductible payments at the time of service. We will then submit a claim to your insurance company. Your insurance may pay at a different rate than quoted during that courtesy call. In that case, you may owe more or less per visit. You will be asked to pay any account balance at your next visit.

If your insurance runs out and you wish to continue services as a self-pay client, please contact our office manager to see if you qualify for our sliding fee scale.

Secondary Insurance

Key Counseling and Consultation does not bill any secondary insurance.

No Show and Cancellation Policy

If you need to cancel an appointment it is important that you call at least 24 hours before your scheduled appointment. If it is after hours, please leave a message on the office voicemail.

- New clients:
 - Initial appointment missed: \$35.00
- Existing clients:
 - 1st offense: \$60.00
 - 2nd offense: \$125.00/\$145.00 depending on individual or couples/family counseling
 - 3rd offense: \$125.00/\$145.00 depending on individual or couples/family counseling and services are subjected to termination.

Document Preparation and Retrieval

Document authoring for any use will be assessed a minimum \$25.00 fee unless otherwise stated by your therapist. Records requests are assessed a fee as allowed by Ohio Revised Code 3701.741. Please contact our front desk for records release procedures.

Returned Check Fee

We charge a fee of \$35.00 for checks returned for insufficient funds.



KEY COUNSELING AND CONSULTATION Billing Information

Self-Pay Arrangements

If you are considered a self-pay client, all fees are due at the time of service. Our fees are as \$125.00 per session.

Sliding Fee Scale

You may qualify for our sliding fee scale which will be determined prior to your first appointment. Determining factors include household income, number of people living in the household, and therapist discretion and availability.

Pro Bono Sessions

If your therapist has agreed to see you pro bono, please be aware of the following:

- No show or cancellations less than 24 hours prior to your scheduled appointment time fees are your responsibility
- Cancellations are not to exceed 3 per treatment period
- More than 3 cancellations per treatment period invalidates the pro bono agreement
- If your ability to pay changes during your time of treatment, i.e. you obtain viable insurance or additional income, you are required to notify our office manager immediately.

This is a summary of our billing procedures so that you will know what to expect. If you have any questions, please ask our office manager or call 614.478.3050. If you have questions about what your insurance policy covers, call your insurance company and ask for outpatient in-network/out-network mental health benefits. Please keep in mind, it is the responsibility of the policy holder, not the provider, to understand benefits and plan limitations.

Questions to ask your insurance company:

1. What are my outpatient mental health benefits?
2. Is my provider in-network?
3. If not, do I have out-of-network benefits?
4. What is my co-pay amount or co-insurance percentage?
5. Do I have a deductible?
6. Do my visits need precertification? If so, what is my authorization number and how many visits do I get?
7. What is my effective date for coverage?
8. How many visits do I get per calendar year?

All clients, parent, or guardian of clients are responsible for understanding and abiding by the benefits of their individual insurance policy. Inform our office staff of any changes in insurance coverage, carriers, deductibles, or co-pays.