New Horizons Mental Health Services
FEE AGREEMENT

Terms and Conditions:

- I understand that if I am unable to keep my appointment, I must give 24 hours notice. I further understand that I may be charged a fee for the scheduled service unless I give 24 hours notice. Failed appointment fees are based on the type of appointment scheduled.
  - Counseling Appointment - $50.00 Psychiatric Evaluation - $100.00 Psychiatric Follow up - $50.00
  - Failed Appointment fees may be reduced based on your sliding fee scale to a minimum of $10.00 per occurrence.
  - I understand that I am responsible for failed appointment charges, even if I have no other out-of-pocket responsibility.
  - **I further understand that two consecutive failed appointments or a pattern of failed/cancelled appointments may result in termination of services.**
- I understand that my fee will be determined by the agency sliding fee scale, which is based upon my gross annual family income and the number of dependents in my home. I understand that if I am not a resident of Fairfield County, I **do not** qualify for a sliding fee scale discount. I further understand that in order to receive a discount, I must supply verification of income within 30 days of the date of this agreement.
- Although the fees may change without notice, other than posting at the reception window, my percent rate will not change without my signing a new fee agreement. My fee will be redetermined on or about _____.
- If court testimony or deposition is required, I will be charged the full cost of services for the staff member's time away from the office.
- I understand that payment/co-payment is required at the time of service and that future appointments will not be scheduled if I have an outstanding balance, or if I do not provide payment or co-payment at the time of service.
- I understand that I have the right to request an exception to the collection policy if I am unable to make a payment at the time of service. To do so, I will inform the billing office that I need an exception, and then my doctor or therapist will be notified to determine my eligibility. I may contact the billing office the next workday regarding my request. We may ask you for additional financial information. If approved, I may schedule an appointment. If denied, I may request to speak to the billing office supervisor, and then to the clients' rights officer to appeal the decision.
- I understand that there will be a $25.00 charge to my account for any returned checks.

- My gross annual income is $_____ per year. The total number of dependents in my home is _____.

My fee payment source is (check all that apply):

___Blue Cross	___Other Government Payments	___Self Pay	___No charge
___Medicaid	___Other Health Insurance	___Other payment source	
___Medicare	___Title XX	___Worker's Compensation	___EAP

Title XX clients will be charged 5% for **ALL** services when Title XX funds have been exhausted.
Please present insurance information or medical card at each appointment.

- My primary source of income/support:

___Disability (SSI, SS, WC)	___Retirement/Pension	___Other
___Family/relative	___Wages/Salary	___Unknown
___Public Assistance	___None	___No charge

- My fee percentage will be _____%.

If my insurance pays part of the full service cost, I will be responsible for my percent of the unpaid balance. If I live outside of Fairfield County, I will not be eligible for a discount. If I have managed care coverage, I will not be eligible for a discount.

- I understand that there are varying charges for each service, and if any additional services are required, I will be responsible for the fees charged for those services.

I further agree:
- To report any changes in my family income to the Billing Office.
- To bring any insurance payments that I receive directly to New Horizons Mental Health Services.

I understand that my failure to comply with the terms and conditions of this agreement may result in termination of service.

_____ _____ _____ _____

Client Signature Date Witness Signature Date

New Horizons Mental Health Services does not discriminate in employment or services because of race, creed, color, national origin, sex, or political affiliation.