



Hope Behavioral Health, LLC

24100 Chagrin Blvd., Suite 330, Beachwood, Ohio 44122

Phone: 800-642-4560

Client's Copy of Financial Policy

Individual and Family therapy requires a commitment of your time and resources. However, the same can be said for anything in life that you value. Each person must decide if the return on their investment of time and money is well worth going through this therapeutic journey in order to see the change they hope to achieve in their life, and the lives of their family members.

There are two primary methods of payment accepted by Hope Behavioral Health: Insurance (**In-Network**) and Self Pay (**Out of Network**).

In Network: Hope Behavioral Health is considered an **In-Network Provider** for the following insurances listed: **AARP Hospital Indemnity Plan, Anthem Blue Cross/Blue Shield of Ohio, CareSource of Ohio, Cenpatico-Ohio, Cigna, Health Span, Medical Mutual, Mutual Health Services, Ohio Medicare Part B, and Summa Care Health Plan.** We will continue to add additional payers of services so please check with your insurance and/or our office regarding whether Hope Behavioral Health is an In-Network Provider, prior to receiving service.

Co-Pay: This is the amount your insurance requires you to pay at the time services are rendered. Please check with your insurance carrier to obtain your Co-pay which is based on your individual coverage/plan. Again, check with you insurance because not everyone has a co-pay.

Deductible: If you haven't reached your insurance deductible, you must pay the fee for the session until your deductible is reached. Please contact your insurance company regarding question(s) about your specific deductible for services.

Out of Network: If you wish to be seen by a Hope Behavioral Health Therapist and your insurance is not an In-Network plan, you can receive reimbursement from the insurance company through the submission of a "Super Bill." Full payment for your session will be collected and you will be given a receipt and a copy of a "Super Bill." You must submit the "Super Bill to your insurance company, and you will be directly reimbursed by your insurer. Please contact your insurance company to discuss Out- of- Network reimbursement prior to receiving services.

* A sliding scale rate may be available in some cases so, please discuss whether you qualify with the Hope Behavior Health Therapist, prior to receiving services.

How do I make payments? If you are seeing a therapist in one of our satellite offices, no checks or cash will be accepted. You will need to arrange for automatic payment through a credit card, debit card or a Health Savings Account credit card (if applicable). Acceptance of these forms of payment is for the safety and convenience of you (the client) and our therapist. However, if you see a therapist at our main office in Beachwood, you may pay with checks, cash, credit card (all major credit cards are accepted) or money order. Checks should be made out to: **Hope Behavioral Health, LLC.** Please note that there is a fee of **\$35** for all returned checks.



Hope Behavioral Health, LLC

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Client's Copy of Cancellation Policy

Hope Behavioral Health, LLC's Cancellation Policy is designed to explain the guidelines regarding cancellations and to reduce incidents of no call and/or no show for scheduled appointments.

Cancellations

Situations may arise in which you may not be able to attend a scheduled appointment with your therapist. When possible, please call at least 24 hours in advance to notify of your need to cancel. We understand that there may be times when a 24 hours' notification is not possible but we ask that you make every effort to call your therapist and/or Hope Behavioral Health Office, as soon as you are aware that you will be unable to make your scheduled session. The Hope Behavior Health Therapist will also extend the same courtesy, to you, when they need to cancel a scheduled appointment.

No call - No show.

A No call - No show for a scheduled appointment will result in a charge of a \$35.00 fee for the missed session. This fee is not covered or billable through any insurance plan and is the responsibility of you, the client. The \$35.00 fee must be paid in-full before future appointments are scheduled and your time slot is reserved.



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Hope Behavioral Health, LLC's Copy

I have read, reviewed and understand the Hope Behavioral Health, LLC's **Financial Policy**

Client Signature / Date

Witness / Date

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I have read, reviewed and understand the Hope Behavioral Health, LLC's **Cancellation Policy**

- I understand that to maximize the benefits of counseling/therapy, I must be consistent in my attendance at scheduled session(s).
- I understand that I must give 24 hours' notice when canceling a scheduled appointment but if not possible, please call your therapist and/or the Hope Behavioral Health Office and leave a voicemail message.
- I understand If I do not attend a scheduled appointment without calling; I will be assessed a \$35.00 fee, I may lose my weekly scheduled spot and need to reschedule when the counselor/therapist has an available appointment
- I understand that if I do reschedule, there may not be a spot available and I will be placed on a wait list

Client Signature / Date

Witness / Date