



PEAK *Wellness* GROUP

## Practice Policy Appointments, Payments, Documentation & Good Faith Estimate

(updated June 2023)

*In order to provide the highest quality of care for my clients in providing services and payments I want to provide you with the most important details here. Expanded versions can be found in the other forms you will sign on the patient portal.*

**Appointments:** Please log-in/arrive at your appointment on time. If you are later than 15 minutes we will reschedule and a missed appointment fee will be charged.

- All individual Client sessions are 55 minutes + 5 minutes for record keeping.
- All couples/family sessions are 90 minutes. (Not covered by insurance.)
- All clients are required to have a credit card on file regardless of payment method or insurance.
- Late Cancellations and No Show Fees: There is a \$140 charge for appointments that are canceled in less than 24 hours or missed entirely. This charge is applied to your credit card on file the same day.
- See the Good Faith Estimate document for current price of Services.

To avoid paying extra fees and disrupt your progress in therapy please note the following:

- You can now use the client portal to request or cancel appointments!
- Your first 3-6 appointments will generally be at the same time each week.
- Telehealth appointments can be arranged to replace an in-person visit. Please text me at 435-200-5507 and then login to the client portal to start the session.
- Everyone is automatically signed up for text and email appointment reminders. You can reach me quicker by text or email.
- The client portal shows your appointments and balance. Check it out here: <https://www.therapyportal.com/p/peakwellness/>
- If you miss, cancel, reschedule more than 2 appointments in a row future appointments will be paused until we can reassess your treatment plan.

### Telehealth & Communication

All communications with clients are to be directed through the business email address [thepeak@thepeakwellnessgroup.com](mailto:thepeak@thepeakwellnessgroup.com) or through voice or text messages at 435-200-5507 managed through Google workspace. All telehealth therapeutic sessions are provided through our EHR system Therapy Notes. Limited in-person appointments are provided in a private home office. There is a secure client portal for any sensitive health information. You will need a reliable internet connection and supported device to engage in Telehealth sessions.

As a company we use various media outlets to promote, advertise, and provide additional education resources, however, We do not respond to current client messages or comments on these platforms as a way to protect your privacy. You are not obligated to follow or promote this business. If you do find benefit from our work together, We welcome feedback and try to provide excellent service. Any testimonials are ones offered freely.

### **Payment for Therapy Services**

We serve clients who use direct payment through HSA, Credit Card (client portal), BCBS insurance, and Select Health Plans. \*\*If you are needing to use any other payment options We can make appropriate referrals, provide a super bill, or a printed statement for you to seek reimbursement. (For private 3rd party payments including Religious/ Charity/ Parent of Adult Children: clients will need to pay for their sessions/copays at time of service, and we refund client payments once we receive payment. For Adult Children: Parents must sign the payment authorization form and clients must sign a Release of Information for parent(s) for financial assistance.)

### **Documentation**

Documentation, records requests, ESA letters/ verifications and collaboration outside the standard therapy sessions and progress notes may require additional fees that are not covered by insurance and will be billed directly to you. These fees start at \$75 per hour billed for in ½ hours increments. Please make such requests in writing and allow at least 7 days for these to be available on the secure client portal only. Once client records are released I cannot guarantee confidentiality. I do not work directly with legal agencies for car accidents or other claims.

### **Additional Services:**

In the near future there will be an online community and resources available to support high achieving women who are looking for connection: [www.peakwellness.group](http://www.peakwellness.group). You are not required to join this group or engage in any additional resources that are provided through The PEAK WELLNESS GROUP LLC as part of your counseling journey. If you are interested in learning more about what we offer see the website and sign up to be on our email list.

### **PATIENT RESPONSIBILITY**

1. INDIVIDUAL'S FINANCIAL RESPONSIBILITY I understand that I am financially responsible for payments of my health care costs, health insurance deductible, coinsurance or non-covered service, and no-show fees. Co-payments are due at time of service. I have reviewed the Good Faith Estimate and understand the cost of services if I choose not to use a contracted insurance company.

If my plan requires a referral, I must obtain it prior to my visit. In the event that my health plan determines a service to be "not payable", I will be responsible for the complete charge and agree to pay the costs of all services provided. If I do not use insurance, I agree to pay for the medical services rendered to me at time of service. If I am receiving help from a parent, church, or charity I will provide the necessary release of information and will cover any non authorized charges such as late cancellation and no-show fees. I agree to keep a current credit card on file for this purpose.

2. INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS I hereby authorize and direct payment of my medical benefits to The Peak Wellness Group on my behalf for any services furnished

to me by the providers. AUTHORIZATION TO RELEASE RECORDS I hereby authorize The Peak Wellness Group to release to my insurer, governmental agencies, or any other entity financially responsible for my medical care, all information, including diagnosis and the records of any treatment or examination rendered to me needed to substantiate payment for such medical services as well as information required for precertification, authorization or referral to other medical provider.

## No Surprise Act & Good Faith Estimate



PEAK *Wellness* GROUP

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The No Surprise Act has recently created rules to expose hidden costs and non-covered charges for providers of healthcare. These laws also create a dispute and resolution process. For details, please visit: <https://www.cms.gov/nosurprises>

*In our small private practice, we believe you should never be surprised at the cost of our services. This has been part of our code of ethics for Mental Health Providers for years. We want you to understand the professional nature of the therapeutic relationship and what is expected from both provider and client.*

*When considering the financial impact of mental health services, keep in mind that the dedicated time you spend with your counselor will help you make changes that will affect you for the rest of your life. Many long-term effects of counseling that clients don't always consider include: completing higher education, higher paying jobs, satisfying relationships, better physical health, reduced dependence on pharmaceuticals, and better quality of life.*

### Cost of Services: (without insurance) 2023 updated

15 min. 1st Consultation: Free (Finding the right therapeutic connection is important!)

60 min. Intake Session & Assessments: \$175

60 minute Session: \$140

90 Minute Session with a family member/partner: \$300

Added Complexity (ie: EMDR, ART therapy...) additional \$25 per session as needed.

60 min. Crisis appointment: \$175 / 90 min. Crisis: \$ 275

Extra Documentation, letters, applications, records requests: start at \$75 per hour.

Legal or court consultation or involvement: \$450 per hour plus travel expenses.

Late Cancellation/Missed appointment fee: \$140 for individual session or \$300 for family session.

### Example & Good Faith Estimate for Individual Therapy for 12 sessions:

First session \$175 and \$140 per session after that: \$1,715.00

***If you use insurance your total costs could be reduced significantly but will be subject to approved diagnosis codes, network exclusions, deductibles, copay, and non covered charges.***

***\*These prices reflect closely to the contracted rates for BCBS and Select Health current fee schedule and will be updated regularly. If you have questions please call us!***