



832 2nd Ave NW
Hickory, NC 28601
Phone/Fax: 828-328-4673
Website: www.powertothrive.com

PLEASE FOLLOW THE IMPORTANT DIRECTIONS AT THE TOP OF EACH PAGE.

You are responsible to read and understand all of the following policies and procedures, and other paperwork before attending your initial appointment. If you have questions about anything on these forms prior to your appointment, please call our office. Read pages 1-5, and then print out and complete pages 6-10 to bring to initial appointment.

AGENCY POLICIES/PROCEDURES:

Responsibility for Appointments: An important part of the therapy process is the acceptance of responsibility for making and keeping appointments. Marriage and Family Therapy Services, PLLC (MFTS) does not offer appointment reminders. Keeping track of scheduled appointments is the clients' responsibility, and MFTS cannot be held responsible for missed appointments due to clients' poor planning or organization. MFTS will occasionally provide a list of upcoming appointments upon request but we expect clients to be responsible for them in a personal calendar or journal. In the event that MFTS is unable to respond to a clients' request for this list, MFTS is not responsible for any missed sessions. Recurring appointments are offered as a benefit to active clients whose accounts are in good standing. This privilege is available on a first come, first served basis, but recurring appointments must have a calendar end-date no more than three months into the future. Clients are responsible to renew recurrences on our scheduling system whenever necessary. MFTS makes every effort to provide clients with chosen appointment times and reserves that time for their consultation alone. We are reasonable to unavoidable cancellations due to a *true emergency*, however, **we charge the full out-of-pocket fee for appointments cancelled or missed with less than 48 business-hours notice.** Business hours are as follows: Monday – Saturday, 9am-5pm. If a scheduled appointment is for Monday at 3 p.m., a client must cancel by Friday of the week prior, no later than 3 p.m., to avoid the missed session fee. Or, if an appointment is scheduled for 10 a.m. on Saturday, client must cancel by no later than 10 a.m. Thursday. MFTS keeps a “cancellation list” each week, and clients who are waiting to see a therapist can often be worked in when we are given adequate cancellation notice. A message left on the MFTS voice mail does not count as cancellation unless it is *received* by our staff within the 48-hour timeframe. MFTS does not schedule any appointments through the internet or email, and any attempts to change or cancel appointments through email are not considered valid regardless of how much in advance of the appointment it may occur.

A note about children: If a minor child is scheduled for therapy, the child's parent(s)/guardian(s) must attend an initial session **without the child present.** This parent/guardian must have legal custody of the child, and must present documentation to this effect prior to MFTS seeing the child in therapy. Parent/Guardian must also agree to remain involved in the therapy process, occasionally attending individual and/or family sessions. For liability reasons, MFTS does not allow children under 13 years old to be unattended in the waiting room while family members are in therapy. If a child in the family is not scheduled to attend a therapy session, clients should either leave them with a caregiver at home, or provide a responsible adult to sit with the child in the waiting room. MFTS will reschedule any individual or family therapy appointments if the child is not already scheduled to be involved in the session but is brought to therapy anyway. Failure to attain appropriate child care in advance of an appointment does not constitute an emergency, and we reserve the right to charge the usual cancellation fee if this occurs.

Time of Appointments:

Appointments are scheduled at a specific time, and we request that clients arrive on time. In the occasional event that clients are late, we ask that they call and inform us of this within 20 minutes of their appointed time. We will still hold the appointment open, as long as we have been informed within this timeframe, that the client is planning to attend. **If clients are more than 20 minutes late for an appointment and have not contacted us, we will consider it a missed session, and they will incur the full appointment charge. Additionally, we cannot guarantee the appointment will be held open for the entire session if clients do not contact us within 20 minutes of being late, as therapists will move on to other necessary tasks in their absence.** Should clients habitually arrive late for appointments, therapists reserve the right to bring this up as a clinically relevant issue. Chronically late clients may forfeit any special payment arrangements or “standing appointment” privileges.

Therapists at MFTS do their best to adhere to the set schedule, but due to the sensitive nature of the psychotherapeutic process, occasionally other sessions may run somewhat late. For this reason, we request that clients allow for a period of extra time after their scheduled appointments, in case the session before is running late. We are committed that you receive *the entire time* that was reserved for you, so in the event that a therapist is running late, your appointment will also run late. This ensures that you will receive the full time in session with your therapist. We ask that you approach this occasional situation with understanding, realizing that you may someday be the client who requires the “extra time.”

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AGENCY POLICIES/PROCEDURES, CONTINUED

Check in/Payment:

Please check in at the receptionist desk upon arrival to the office. Payment is expected PRIOR to entering the therapy room, unless other arrangements have been made. If you do not have payment at the time of your appointment, you may reschedule your appointment, however you will incur the usual missed session fee. There is an ATM one block away from our location, for the client's convenience. MFT Services accepts cash, personal checks, and credit cards. We do not accept debit cards.

Fees: (Subject to change with advanced notice to current clients)

Individual/Family/Couples Therapy/Hypnotherapy/Play Therapy - Initial Consultation (45-50 min.): \$150.00.

Individual/Family/Couples/Play Therapy/ Hypnotherapy: \$110 per 45-50 min. session; \$145 for 75-80 min. session; \$210 for 110-120 min. session.

Payment & Billing:

MFTS accepts cash, check, or the following Credit Card options: Visa, MasterCard and Discover. We do not accept debit cards, although if they can be used as a Credit Card, these are acceptable. We require payment at the time of services rendered. If any balance accrues on client accounts, clients will receive a bill once a month, on or after the 15th of the month. **REGARDLESS OF INSURANCE COVERAGE, ALL BALANCES OVER 60 DAYS PAST DUE WILL INCUR INTEREST AT 1.5% PER MONTH, RETROACTIVE TO THE DATE OF SERVICE.** Invoices are due upon receipt. We reserve the right to refuse continuation of treatment (with a proper referral) at least until all balances beyond 60 days are cleared. We also reserve the right to charge administrative costs related to billing beyond 60 days. MFTS employs *all* legal means to collect unpaid debt, including but not limited to collections agencies and small claims court. If we must employ collections services or legal fees due to the collections process, these fees are added to client's balance. Please see "Informed Consent" form for more information on confidentiality as it relates to the collections process.

Insurance/Third Party Reimbursements:

As a convenience to clients, MFTS contracts with certain insurance companies to receive reimbursement of a client's account (see "Insurance Information" form for more detailed information on this procedure). When a client who has insurance with one of these companies makes an appointment with MFTS, we must receive a copy of the front and back side of the insurance card directly to our office (via regular mail, fax, or personal delivery), **no later than 2 business-days prior to the initial appointment.** If we do not receive this within the appropriate timeframe, we cannot contact the insurance company to receive benefits information, and the client will not be able to use their insurance for the initial appointment. In this case, client will be responsible to pay the entire fee out of pocket, and later, once we have had adequate time to acquire the client's specific insurance benefits information, we will file the claims for all sessions including the first. If necessary, MFTS will credit or reimburse client for any difference between what was already paid out of pocket, and the lower, co-pay or coinsurance amount.

If filing insurance or third-party reimbursement claims for clients, MFTS cannot guarantee that reimbursement will occur by a client's insurance plan. Clients are always responsible for the total balance for all services rendered. MFTS only files insurance within a reasonable timeframe (generally, 1-2 months at the most), and in the case of continued denial of third-party reimbursement, MFTS requires clients to pay balances in full. In the rare case that a client's insurance company demands a refund from MFTS of a previously paid claim, that client will become responsible for the open charges on this account, and this balance will immediately become subject to the same 1.5% interest rate retroactive to the original date of service.

Insurance companies do not reimburse for any type of missed appointment. Please be aware that clients who are charged a missed-session fee will incur the entire session charge (NOT THE COPAY NOR ANY REDUCED FEE) and will be responsible to pay the entire balance or begin making payments and sign a payment plan for the balance before another session can be scheduled.



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INFORMED CONSENT:

I. POTENTIAL RISK/ALTERNATIVE TREATMENTS:

I agree to enter treatment for counseling with Marriage and Family Therapy Services, PLLC (MFTS). I realize that this treatment may involve discussing and dealing with intense emotional issues which may at times be distressing. However, it is my understanding that this process is intended to help me both personally, and with relationships. I have been made aware of alternative treatment facilities available to me, or plan to ask about this at my initial appointment if I have not.

II. CONSENT TO TREATMENT:

By signing the MFTS Clients Rights and Responsibilities form, I give permission for any therapy, testing, or diagnostic evaluation deemed necessary by MFTS to treat me, my marriage, family, or other relationship. I have had all of my questions about treatment answered to my satisfaction, and understand I can raise further questions at any time during my course of treatment. I further acknowledge that I can refuse any/all specific treatments, although this may not be in compliance with best practices and/or my treatment plan.

III. RESULTS/OUTCOMES AND TERMINATION:

I realize that there is no guarantee of particular results or outcomes from consultations. I further realize that I may leave counseling at any time, although I have been informed that this is best accomplished when in communication with the therapist. It has also been explained to me that, under certain circumstances, counseling may need to be terminated by the counselor. I acknowledge that if termination should be necessary, MFTS will make an appropriate referral for me.

IV. CONFIDENTIALITY:

I realize that all therapists at MFTS are independently practicing professionals, however, they frequently review cases as professional colleagues. I understand that MFTS colleagues and staff will keep all records and information pertaining to my treatment in strict confidence. Therapists, colleagues, and staff may not disclose any information/records regarding my treatment to others, including the fact that I, my family members, or companions are receiving treatment, except when specifically required by law, or with my written consent. I understand that the law and professional ethics require MFTS to break confidentiality in cases of suspected child abuse or neglect, with or without my consent. I also understand that the law and professional ethics require MFTS to report threats by me, companions, or family members to physically harm others or ourselves, or suspicions thereof. Further, I realize that MFTS is legally responsible to break confidentiality when ordered to testify in a court of law or to produce client records by a Judge, in lieu of testifying. I understand that MFTS may utilize all legal means to collect any debts owed on past due accounts, including collections procedures which might disclose my name and other personal information, limited only to the purposes of the collections process. I realize no treatment information other than dates of service will be disclosed for collections purposes. MFTS practices in compliance with HIPAA privacy standards.



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HYPNOTHERAPY INFORMATION

Liza M. Shaw has received training and certification in clinical hypnotherapy. The type of hypnosis that she practices is known as hypno-behavioral therapy, which combines traditional hypnosis techniques with Ericksonian techniques, Neuro-Linguistic Programming (NLP), Cognitive Behavioral Therapy, and Jungian psychology.

This approach offers an effective and productive adjunct to other types of therapy. It has been demonstrated to work well for both adults and children. The following information provides answers to some of the most commonly asked questions about hypnosis.

- 1. *Isn't hypnosis only effective for treating issues such as weight loss and quitting smoking?***
Although clinical hypnosis has been demonstrated to be very helpful in treating addictions such as compulsive eating, smoking, etc., this therapeutic tool has a much wider reaching application. Hypnotherapy has been shown to be effective in the management of chronic and acute pain, increasing self-esteem, treating post-traumatic stress disorder, eating disorders, anxiety/phobias, depression, anger management, grief issues, and sexual difficulties.
- 2. *Will I be "unconscious" when I go under hypnosis?***
No, you do not lose consciousness while in the hypnotic state. The hypnotic trance-state has been shown to be similar to the brain-state during meditation or prayer. It provides a feeling of extreme relaxation, similar to that relaxed state you experience *just before* falling asleep. Under hypnosis, you continue to hear sounds inside and outside of the room, and you are able to respond verbally to suggestions. *You are never out of control, but rather, hypnosis can help you gain more control over your thoughts and behaviors so that you gain more control over your life.*
- 3. *Are you going to make me "cluck like a chicken?"***
This seems like a silly question, but almost everyone asks it, and the answer is, absolutely not. Hypnotherapy is very different from the hypnosis stage shows, which are intended to entertain through embarrassment. My ethical obligation to clients is to offer the opportunity for therapeutic healing to take place. Additionally, as emphasized above, you never lose control of your behaviors when under hypnosis, and would never do anything in-trance that you wouldn't do in your waking state. Any time you do not like a suggestion during hypnosis, you have the empowerment and personal responsibility to reject it. Hypnosis simply offers you a tool to access parts of yourself that have been inaccessible in your fully awake state (such as repressed emotions).

Most hypnotherapy sessions last between 90 and 120 minutes. The first half-hour is usually spent talking and identifying relevant information. The next 45 minutes to an hour is spent in hypnotherapy and the last 15 to 30 minutes in completion and weekly instructions. During your session, Liza will make an audio "Reinforcement CD" which you may use to extend the benefits of your session. Generally speaking, most cases are scheduled once per week, using both hypnotherapy and talk therapy, and then decreasing frequency to every other week.

If you have any questions regarding hypnotherapy, please discuss them with Liza. Please ask for a suggested reading list if you would like to learn more about clinical hypnosis. ***If you choose hypnotherapy as a form of treatment***, please sign the optional Hypnotherapy Agreement on your intake paperwork.



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OFF-SITE CONSULTATION POLICY

A. OPTIONAL TELEPHONE CONSULTATIONS:

Occasionally, active clients may want to speak with their therapist in-between office visits. As an adjunct to therapy, therapists may be available for a limited number of telephone consults throughout the week. Clients must make appointments for and make payment for these sessions in advance. Generally, phone consultations occur in the evenings, after 8 p.m. The therapist will call the client on a predetermined number at an appointed time.

These consultations are not covered by insurance, as they fall under the category of “Coaching” and are generally not considered medically necessary. We do not offer any reduced fees for telephone consults. Clients have the option of either paying cash, check, or credit card for this service. If clients need to speak briefly with their therapist over the telephone in between sessions, they may call the office phone, but please remember our therapists are with clients most of the time. You may leave a voice mail if we are unavailable and we will return your call as soon as possible. Calls under 5 minutes are not considered telephone consultations, and there will be no charge for them. If a phone call goes beyond 5 minutes, clients may be charged according to the following fee schedule.

TELEPHONE CONSULTATION FEES:

6 – 15 minutes: \$45.
16 – 30 minutes: \$70.
31 – 60 minutes: \$125.

61-90 minutes: \$160.
91-120 minutes: \$250.

LIMITS TO CONFIDENTIALITY WITH TELEPHONE CONSULTATIONS:

It is imperative that clients understand the potential limits of privacy as it relates to Telephone Consultations. MFTS Staff cannot be held responsible for breeches of privacy not directly preventable/controllable by MFTS (including but not limited to phone calls overheard by third parties unrelated to MFTS). By choosing to utilize MFTS’s optional telephone consults, clients understand these limits and voluntarily relinquish the right to hold MFTS or its representatives accountable to any potential confidentiality breach which may inadvertently occur as a consequence of employing this form of consult.

PREREQUISITES AND LIMITS FOR UTILIZING TELEPHONE CONSULTATIONS:

Clients are required to have a minimum of one face-to-face Intake session prior to utilizing telephone consultations. Phone consultations cannot be used as a substitute for therapy, but rather as an adjunct to in-office sessions. These services may be offered only to clients who, at the time of the service provision, reside in the state of North Carolina, and whose account is in good financial standing with MFTS. These services are not appropriate, nor available if clients are in the following state/condition at the time of the service provision: Experiencing suicidal or homicidal ideation or intent, intoxication by alcohol or under the influence of any medication or substance not otherwise prescribed by an appropriate medical doctor.

B. ELECTRONIC-MEDIA: (Including but not limited to Emails, SMS/MMS Texting, Social Media Sites, etc.)

Neither MFTS, nor its representatives engage in provision of therapy-services via any form of electronic media. Therapists do not communicate with clients via texting or emailing, and do not participate in non-professional forms of contact with clients. If clients attempt to use these forms of contact, their communications will not receive a response. We may create or participate in internet-based websites which clearly designate us as Professional Marriage and Family Therapists (such as the MFTS Facebook Page, or the Power to Thrive Radio blog, etc.), acting in this role as general consultants in the field. If clients choose to participate in these forms of electronic media, they do so with the understanding that Therapists are not engaging in therapy in this context, therefore, voluntarily relinquish the right to hold MFTS or its representatives responsible for any of the therapeutic responsibilities in the course of participating in these forms of media.

Confidential Client Information, Page Two

Please list below, any internet search engines you used or websites you visited in your therapist search.

- Google Yahoo www.powertothrive.com Psychology Today Website
 www.powertothriveradio.com Other: _____

Briefly describe why you choose MFTS over another therapy practice. _____

Please check any/all issues which are a concern for you today:

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Adoption | <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Ambition | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Appetite | <input type="checkbox"/> Attention Probs. | <input type="checkbox"/> Children | <input type="checkbox"/> Codependency |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Communication | <input type="checkbox"/> Concentration | <input type="checkbox"/> Constant Conflicts | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Death of loved one | <input type="checkbox"/> Decision Making | <input type="checkbox"/> Depression | <input type="checkbox"/> Divorce | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Eating Habits | <input type="checkbox"/> Education | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Energy Level |
| <input type="checkbox"/> Exhaustion | <input type="checkbox"/> Family Problems | <input type="checkbox"/> Fears | <input type="checkbox"/> Finances | <input type="checkbox"/> Focusing Probs. |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Headaches | <input type="checkbox"/> Health | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Inferiority | <input type="checkbox"/> Infertility | <input type="checkbox"/> Infidelity | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Legal Problems | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Marital Problems | <input type="checkbox"/> Marital Separation | <input type="checkbox"/> Memories |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> My Thoughts | <input type="checkbox"/> Nail-biting | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Obsessive Thoughts/Behaviors | <input type="checkbox"/> Overweight | <input type="checkbox"/> Parenting | <input type="checkbox"/> Perfectionism | |
| <input type="checkbox"/> Pornography Use | <input type="checkbox"/> Procrastination | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Self-Control | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Sexual Addiction | <input type="checkbox"/> Sexuality | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> STDs | <input type="checkbox"/> Shyness |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Spirituality | <input type="checkbox"/> Stress | <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Temper |
| <input type="checkbox"/> Underweight | <input type="checkbox"/> Unhappiness | <input type="checkbox"/> Work | <input type="checkbox"/> Other: _____ | |

Please list below any questions or concerns you want addressed and answered in your initial appointment, related to: the therapeutic process, the policies you are agreeing to follow or anything else regarding your treatment. (use back if necessary)



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ACKNOWLEDGMENT OF CLIENT’S RIGHTS AND RESPONSIBILITIES:

I have read and/or have had explained to me and understand all of the following Marriage and Family Therapy Services, PLLC (MFTS) documents: **Agency Policies/Procedures, Informed Consent, Insurance Information and Release Form, and Off-Site Consultation Policy.** I understand these are posted on the company’s website and I may either print these from the internet or request and receive written copies of them by MFTS at any time. By signing and dating below I accept full responsibility to comply with all policies of MFTS.

I understand that any balance over 60 days past due will incur a 1.5% interest fee, *retroactive to the date of service*, and that it is my responsibility to pay this balance regardless of any expectation on my part of third-party reimbursement. I realize that any money received by Marriage and Family Therapy Services, PLLC, from Third Parties, over and above my indebtedness will be refunded to me after my account is paid in full, including any interest charges, at the end of treatment, or of the fiscal year, whichever comes last.

I acknowledge that there is no guarantee of results. I am responsible to pay in full, any balance for services rendered regardless of the outcome of therapy. I also realize MFT Services may utilize all legal means to collect unpaid balances, and that I may incur further costs associated with the collection of this debt, including but not limited to legal fees and reimbursement for administrative time spent in the collections or court process. I will be responsible for arriving on time, making and keeping all appointments. I realize that I will *not* receive reminder phone calls and that MFTS is not responsible to remind me of my appointments. I understand that insurance companies do not reimburse for missed appointments. Any non-emergency missed sessions **not cancelled within 48 business-hours** will incur the entire session fee (not a co-pay or discounted rate). Business Hours are Mon. – Sat. 9 a.m. to 5 p.m. I read in the Informed Consent document, or have had explained to me the potential risks of therapy and by signing below have agreed to all conditions. I understand the limits of confidentiality described in the Informed Consent document. Alternative treatment options have been or will be explained to me in my first appointment to my satisfaction, and I take responsibility to ask any questions I may have regarding this or anything else regarding my treatment. I also realize MFTS is not a crisis service, and I promise to call 911 if I am in a life threatening emergency.

Primary Client/Patient signature and Date

Clinician – Signature and Date

Add'l Client/Patient signature and Date

Legal Guardian (if minor) and Date

OPTIONAL

Hypnotherapy

I have read and understand the hypnotherapy information form, or have had it read to me. I realize that there is no guarantee of particular results or outcomes from hypnotherapy. I knowingly and willingly request hypnotherapy treatment by my therapist at MFTS for me and/or my child, _____. I acknowledge that this is in no way a replacement for any medical treatment.

Signature and Date

Print name(s) of person(s) who will receive Hypnotherapy

PLEASE COMPLETE ONE PER PERSON.



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AUDIO/VIDEO RECORDING PREFERENCES

As a standard practice in the psychotherapeutic context, therapists and therapists-in-training occasionally audiotape or videotape counseling sessions for purposes of case review with peers and/or supervisors, or for use in training, research or professional publication.

Therapists and therapists-in-training at Marriage and Family Therapy Services, PLLC (MFTS) may occasionally choose to tape sessions for the above purposes, with the express understanding that confidentiality will be protected to the highest professional standard, and that no identifying client information would be used in any publications or research without specific consent to this effect. Recordings of all counseling sessions will be destroyed immediately after its use as stated above, and will not become a part of the clients' permanent record.

Clients of MFTS have the right to decline audio and/or video taping of counseling sessions; this is not a condition of treatment. Please sign below indicating your understanding of this policy, and your preference regarding the occasional use of audio/video tapes for the above stated purposes.

Please check this box you prefer not to have any appointments taped at this time.

OR

Please check this box if you understand the audio/video taping policy and give your consent to have your counselor occasionally record your sessions.

Client's Signature: _____ Date: _____

OPTIONAL: PLEASE COMPLETE ONE PER INSURED PERSON.



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INSURANCE, 3rd PARTY REIMBURSEMENT INFORMATION AND RELEASE FORM

IN NETWORK:

Marriage Family Therapy Services, PLLC (MFTS) is in-network with Primary Physicians Care Insurance and Caldwell County EAP. MFTS will file insurance claims on behalf of clients who hold policies with the above third parties **with the express understanding that if reimbursement is not received within 60 days of the date of service, balance will be due in full, or will begin to incur a 1.5% interest charge, retroactive to the date of service.**

OUT OF NETWORK:

MFTS encourages clients who have third party health coverage besides those listed above, to file claims themselves and to insist on reasonable coverage for out-of-network benefits, (if applicable). In this case, clients pay the full fee out of pocket, and any reimbursement received by the insurance company is paid directly to the client. On occasion, MFTS *may* assist clients with out of network insurance claims, but we are under no obligation to do so. In this case, any moneys paid to MFTS by out of network insurance companies over and above client's indebtedness including any interest charges, will be credited or refunded at the end of treatment, or of the fiscal year, whichever comes last.

By signing below, I request that MFTS file claims with Primary Physician Care Insurance (if applicable) or Caldwell County EAP on my behalf and hereby assign payment directly to MFTS for benefits, if any, otherwise payable to me for services rendered, but not to exceed the reasonable and customary charges for those services. I hereby authorize MFTS to release to my insurance company any protected health information acquired in the course of my examination or treatment for insurance purposes. In the case that I am not covered by Primary Physician Care Insurance, I understand that I am responsible to file any claims related to my potential reimbursement, and that MFTS will not be filing on my behalf.

I understand that any third part reimbursement coverage I may have is a contract between me and my insurance or EAP company and that there is no guarantee that MFTS will receive reimbursement. I understand I am responsible in full for the MFTS account balance regardless of what I am told is my "co-pay," "coinsurance," "coverage," or "my portion," and regardless of any expectation I have of possible reimbursement by my insurance company or another third party. I realize that insurance companies do not reimburse for missed appointments, and that I will be charged the entire out of pocket (non-discounted) session fee if I do not provide 48-hours' notice to cancel or change appointments. These fees are listed on "Policies and Procedures" form of Intake Paperwork, which was provided prior to all initial appointments, and is available at any time on the company website or in the office.

Primary Client Signature and Date

Legal Guardian (if minor) and Date