

Elizabeth Schulte, LCSW  
1776 S. Jackson Street, Suite 700  
Denver, CO 80210  
(303) 809-2543

### **FINANCIAL POLICY**

Thank you for choosing me as your therapist. I am committed to your therapy being successful. Please understand that payment of your bill is considered a part of your therapy. The following is a statement of my Financial Policy for you to read and sign.

**Payment is due at time of service**, unless arranged otherwise. I accept cash, checks, or credit cards. Please provide all necessary information for the payment of your choice.

My fee is \$140 for 50 minutes, and longer sessions will be prorated for their length of time. Couple and family sessions are often longer than 50 minutes. Phone calls for business matters will not be charged, but substantive calls will be charged a prorated fee according to their length of time.

Clients with regular appointments and an established payment history may pay monthly. However, payment is expected within 30 days. A finance charge of 1.5% per month may be charged for balances over 60 days delinquent. You will be responsible for payment of legal and collection fees, if such services are required for non-payment.

#### **Regarding Insurance**

I accept assignment of insurance benefits. However, I require payment of your co-pay and deductible at the time of service. The balance is your responsibility whether your insurance company pays or not. In order to bill your insurance company, I must have your signed release of information to your insurer, and your insurance information. Your insurance policy is a contract between you and your insurance company, and I am not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your medical insurance and/or the Medicare Program. You will be responsible for uncovered charges.

I am a reimbursable provider under Aetna and Rocky Mountain Health Plans. Many plans require pre-authorization for services to be covered, and you are responsible to find out the terms for your behavioral health benefit utilization. A mental health diagnosis is required for reimbursement of medical benefits. Your insurance company or agent will determine benefit coverage and the kind of services for which they will reimburse. Unfortunately, I cannot be in control of the storage of or access to confidential information when it is given to a third party, such as your insurance company or their agent.

Managed Care Plans require the most amount of confidential information to be revealed. They periodically ask for a complete assessment, treatment goals, and progress updates. If they determine your therapy is medically necessary, they usually authorize a prescribed and limited number of sessions, and require a treatment plan and progress updates to authorize additional sessions.

I will discuss with you my recommendations for treatment, and you will decide how you want to proceed. I am committed to providing the best therapy for you, and my charges are within the usual and customary fee for this area. If insurance benefits cannot be applied, the cost of service can be managed with reducing the frequency of sessions.

#### **Missed Appointments**

My policy is to charge \$60 for sessions cancelled for non-emergency reasons with less than 24 hour notice and to charge \$60 for sessions missed without cancellation. Your insurance will not pay for these sessions, and it will be your responsibility to pay for these charges. Please help me serve you better by keeping scheduled appointments.

**I have read, understand, and agree to this Financial Policy.**

---

Signature of Responsible Party

---

Date

Please let me know if you have any questions or concerns.