

*Renewed Life Counseling Services, PLLC*  
JESSICA DIXON, MA, LPC  
LICENSED PROFESSIONAL COUNSELOR

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## Consents & Policies

### Counseling Policy

#### Appointments & Cancellations

All appointments and cancellation of appointments are made directly with the therapist. Psychotherapy is a commitment that you make for your mental and emotional well-being. The best outcomes are reached by consistent and regular attendance. It is understandable that situations will come up which may require rescheduling and cancellations. If you are unable to keep a scheduled appointment, the therapist must be notified at least 24 hours in advance. **If you provide less than 24-hour notice or do not show for your appointment, there will be a charge of \$50 which is not covered by your insurance provider.** If you need to cancel and it is urgent or an emergency, you will not be charged. This cancellation fee must be paid prior to resuming therapy. In addition, if there is a pattern of frequent cancellations (i.e. 3 or more consecutive sessions or cancelling every other session), the therapist may decide to temporarily or permanently close your case. Likewise, the therapist will try to provide you with advance notice if they need to cancel or reschedule your appointments.

#### Termination

If a client makes the decision to terminate counseling, it is requested that a termination session be scheduled with the client's therapist (rather than termination by phone or mail). This is to allow time to finish the therapeutic process and to provide closure and aftercare service plans.

#### Emergencies

This office does not provide "emergency services." If a client has an **urgent** concern, that client's therapist will try to schedule an appointment with the client as soon as possible. The Crisis Intervention Center (York County – (717) 851-5320) is available for emergencies 24/7 or the client can contact 911 directly.

#### Confidentially

Legally and ethically, the relationship between therapist and client is of a confidential nature. This means that any and all information which is given to the therapist during any session cannot be divulged by the therapist without the client's written consent. In the event that a clear and present danger of physical harm to the client and/or others becomes apparent, however, the therapist is legally and ethically required to inform those who have a direct need to know. If the therapist is made know of an abuse to a minor, they are required by law to report.

#### Consultation, Education, & Supervision

Relevant material from the counseling sessions may be discussed with professional staff and consultants for consultation, education, or supervision purposes. All information will be handled professionally and confidentially.

### Financial Policy

Renewed Life Counseling Services, PLLC is committed to providing you with the best care possible. If you have medical insurance we will help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

**Payment for services is due at the time services are rendered, except as outlined below.** We accept cash or check at this time. Any outstanding balances are due within 30 days, unless prior arrangements have been made

with the billing office or your counselor. All balances that reach 90 days or older may be sent to a collection agency. All returned check fees for insufficient funds will be assessed a \$25.00 fee plus the balance of the returned check. As Primary Responsible Payer, you will assume responsibility for all payments to Renewed Life Counseling Services, PLLC.

We will gladly answer any questions relating to your insurance, but insurance plans vary considerably and we cannot predict or guarantee what part of our services will or will not be covered. You must realize however that your insurance is a contract between you, your employer (possibly) and the insurance company. As such you are responsible to know your plans services. It is important that as questions arise you contact your insurance company directly for financial guidance and clarification.

**If we DO participate with your insurance company,** all services performed in our office will be submitted to your insurance, unless we have received prior notification of non-covered services. All co-pays are due at the time of service. Deductibles are your responsibility and must be paid in accordance with this policy.

Some plans, such as HMO's may require referrals or prior authorization. **It is your responsibility to obtain the referral or authorization** prior to the time of service. If a referral or authorization is required and is not presented at the time of service you will be responsible for payment in full for that service.

**If we DO NOT participate with your insurance company,** Renewed Life Counseling Services will provide you with a receipt that you can submit to your insurance company for any possible out-of-network reimbursement. However, you will be responsible for payment, in full, at the time of your session.

We must emphasize that as a counseling office, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our clients, all charges are strictly your responsibility from the date services are rendered. Therefore, it is necessary for you to inquire and explore your benefits directly with your insurance carrier. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our billing department or your counselor for assistance in the management of your account.

## **Assignment of benefits and release of information.**

I hereby assign and grant to Renewed Life Counseling Services, PLLC all rights and interests to which I may be entitled under any insurance policy or any other fund or third party payment plan responsible for payment of my benefits.

I hereby authorize Renewed Life Counseling Services, PLLC to release all information, including all or any part of my counseling record necessary to obtain payment to my insurance company or other fund or third party payer which may be responsible for payment of my benefits.

### **Payment and Collection**

I acknowledge that if my insurance company sends a check for payment of the insurance benefits to me, either in error or because of insurance company policy, I agree to endorse and deliver the check to Renewed Life Counseling Services, PLLC. I understand that by virtue of the assignment described in this consent, any funds I receive belong to Renewed Life Counseling Services, PLLC and that it is unlawful to use or apply the funds in any other way. In the event that the insurance company check is more than the outstanding bill, satisfactory arrangements can be made between Renewed Life Counseling Services, PLLC and the undersigned.

I agree that I am responsible for payment of established charges currently in effect to the extent that said charges are not covered, allowed or paid by my insurance company, any other fund or third party payor. I understand that

I will not be responsible for the payment of any of those charges that Renewed Life Counseling Services, PLLC is restricted from collecting by law or agreement.

In the event that payment is not received by Renewed Life Counseling Services, PLLC within 45 days after receipt of services Renewed Life Counseling Services, PLLC reserves the right to impose a penalty at the rate of two percent (2%) per month of the unpaid balance.

In the event the account remains unpaid, Renewed Life Counseling Services, PLLC may turn the account over to collections. I agree to pay Renewed Life Counseling Services, PLLC reasonable collection costs as allowed by the laws of the Commonwealth of Pennsylvania. I will be responsible for any and all costs associated with the collection of my account, including any reasonable attorney's fees.

I have read and fully understand the financial policy set forth by Renewed Life Counseling Services, PLLC and I agree to the terms of this policy. I also understand and agree that the terms of the financial policy may be amended by the practice at any time without prior notification.