

# Hardy & Stephens Counseling Associates, PLLC

11070 183<sup>rd</sup> Circle NW, Suite C, Elk River, MN 55330

Phone: 763-633-5111

Fax: 763-633-5112

## INSURANCE BILLING

We are in-network providers for most major insurance companies. As a courtesy to you, we work directly with your insurance and will make every effort possible to bill your insurance company.

- It will be important for you to understand your benefit coverage. For benefit coverage questions, please call the customer/member service number on the back of your insurance card. The insurance coverage worksheet provided on our website can assist you during the call.
- I understand that I am personally responsible to know my insurance limits, exclusions, deductibles, and co-payment structures, even though support staff does a preliminary check. I do not hold HSCA responsible for insurance company errors or refusals for reimbursements for services rendered. I hereby authorize HSCA to submit claims for services rendered on behalf of myself/or dependents. I also authorize my insurance benefits to be paid directly to HSCA. *I understand I am responsible for all services for which my insurance company will not pay and authorize HSCA to collect such payment according to the Hardy & Stephens Counseling Payment plan, a copy of which is attached to this Agreement as page 5.*
- It is your responsibility to provide us with updated information if your insurance company changes or your coverage terminates. If the insurance information you provide to us is later determined to be inaccurate, resulting in denial of your claim, then you will be responsible for the amount denied by your carrier.
- I understand that at no time will an outstanding balance of more than \$300 be allowed and that therapy may be temporarily suspended or terminated until sufficient payment is received to place my outstanding balance below this amount. Hardy & Stephens reserves the right to immediately terminate this Agreement and the provisions of any further services without notice if I fail to comply with the terms of this paragraph and any other terms of this Agreement.
- I understand that a collection agency may be employed after my account becomes 60 days past due with the express purpose of collecting any past due debts which I might owe HSCA. I also understand that other reasonable legal action may be taken to secure my payment. I agree to pay for collection costs, including finance charges, attorney fees and costs, and to release the information needed to collect my past due bill.
- I understand that I am responsible for charges not covered by my medical insurance plan. If I discontinue care for any reason, all balances will become immediately due and payable in full by me, regardless of any claim submitted.
- If you choose to use an EAP, that information must be provided at the first session. We are not able to retroactively bill your EAP once sessions have been billed to your insurance company.

## APPOINTMENTS

We realize that on occasion you will not be able to keep a scheduled appointment. As a courtesy to our clients, we routinely make confirmation calls, texts or e-mail 48 hours in advance of each appointment for your convenience. As this time has been reserved for you alone, **our policy is to charge \$100 for missed appointments or \$50 for late cancellations without 24-hour advance notice.**

I agree to reimburse HSCA \$100 for any session I do not attend and \$50 for any session that I cancel or reschedule without a full 24 hours' notice. I understand that my insurance company will **not** pay for late cancellations or missed appointments. I understand that this fee must be paid prior to my next appointment. I understand that if I miss two or more sessions without giving proper notice, HSCA and my therapist reserve the right to terminate our therapy relationship by letter or phone call.

Successful on-going therapy requires a commitment on the part of the client. It is important that you keep your appointment if at all possible.

## **AFTER-HOURS EMERGENCIES**

For after-hours emergencies, or if you need immediate assistance, call **911** or visit your local emergency room, medical group, or primary care physician.

Therapists at Hardy and Stephens Counseling Associates, PLLC are not available after usual business hours for emergencies.

To leave a message for your therapist, you may call **763-633-5111** and your therapist will return your call as soon as possible, according to their regular office hours, which will be noted in their voicemail.

Some crisis phone numbers include:

Crisis Connection: 612-379-6363 or toll free 1-866-379-6363

Anoka County River Wind Crisis Services: 763-755-3801

Fair County Crisis Response Team: 320-253-5555 or 1-800-635-8008

Mercy Hospital Crisis: 763-236-7911

Lovelines: 612-379-1199

## **COMMENTS, QUESTIONS, CONCERNS**

We value your opinion and strive to provide the best service possible.

- If you would like to share your comments, questions, or concerns, please contact our Office Manager, Barbara Hinkle, at 763-533-5114 or e-mail [barb.hinkle@hardystephens.com](mailto:barb.hinkle@hardystephens.com)
- You may also complete a confidential satisfaction survey online at our website: [www.hardystephens.com](http://www.hardystephens.com)