

Barnes & Klatt, P.C.
1660 Feehanville Drive, Suite 400
Mount Prospect, Illinois 60056
TELEPHONE: 847-981-9200 FAX: 847-981-9322

PROFESSIONAL SERVICE AGREEMENT RIGHTS AND RESPONSIBILITIES

Dear Patient:

We welcome you to our practice. We appreciate the opportunity to provide service to you. We work hard to provide the highest quality of care for you. We have prepared this letter of agreement for professional services to outline our practice policies. We promise to do our very best to serve your needs, to perform promptly, and to keep you informed. Both you and our staff have the right to be treated with dignity and respect. We treat all respectfully and fairly, regardless of their race, religion, gender, ethnicity, age, disability or source of payment. We request and expect that you will contact us immediately should any questions arise. Accordingly, we invite you to discuss frankly with us any questions or problems regarding our services or fees.

This Agreement contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. Our practice provides supervision and consultation to ensure quality of patient care according to our professional code of ethics.

Confidentiality applies for both in person and telehealth services. Only where permitted by law may PHI be released without your permission, such as to address safety concern for the patient or others. It is not legal for sessions to be recorded by either the provider or you without written consent from both parties.

For communication between sessions, we will primarily use phone voicemail. We will use text or email messaging with your permission only for administrative matters, such as setting up, changing appointments and billing matters. **Thus, clinical information will not be discussed by text or email and these forms of communication should not be used even in case of emergency.** If your need to talk to your therapist between sessions is urgent, please call the pager number provided by your therapist.

You and your therapist will decide on the frequency of sessions based on clinical need and be provided with a clear explanation of your condition, clinician guidelines and treatment options. You have a right to decline participation or withdraw from services. Therapists have a right to discontinue treatment if clinically warranted recommendations are declined and may place you at risk. You are responsible for following the agreed treatment plan and updating the therapist about any changes in medications. If your clinical concern is urgent, page your clinician with the emergency pager number that was provided to you or have someone drive you to the nearest emergency room. **Please know that phone conversations lasting more than ten (10) minutes may be subject to billing.**

The law requires that we obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before your next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. As a patient, you agree to the following terms:

INSURANCE COVERAGE & BILLING POLICIES

- It is **your** responsibility to be aware of your insurance coverage, benefits, financial obligations (i.e. copay, coinsurance, and deductible), exclusions and limitations as well as authorization requirements. This information is furnished by the insurance company.
- We attempt to verify that your coverage is valid at the time of your visit. However, if **your** coverage is not in effect at the time of your visit, the financial responsibility is **yours**.
- Our office does not file claims to secondary insurance, except for Medicare. We will provide you with documentation of your visit upon request, if **you** would like to file it with your secondary.
- Deductibles are **your** responsibility. The deductible is determined by the contract you have with your insurance carrier. We do not always know how much has been met at the time of each visit. In good faith, we check the amount met when sessions begin and the start of each year. Please let us know if you feel your deductible is close to being met and we would be happy to see how much is left.
- Coinsurance and copays are **your** responsibility, and copays are due at the time of each session.
- Coinsurance will be charged upon receipt of the explanation of benefits from insurance via the credit card on file, unless the patient would like to pay via cash or check at their next session.
- If you have had any changes in your insurance coverage – even if there is only a small change in the copay amount or a change in the expiration date of the policy – you **MUST** notify us. Even a small discrepancy can lead to a claim denial.
- You will be responsible for a \$40.00 service fee if the bank returns your check for non-payment.
- It is your responsibility to update the credit card authorization form, so we have an accurate card on file for balances due.
- Services may also be terminated for non-payment of balances due.
- Assignment of benefits to the insurance company does not release the patient/parent/guardian from responsibility for payment. If for some reason your insurance does not cover services received, you will be responsible for the remaining balance. **Any outstanding insurance balance beyond 60 days will be billed to the appropriate responsible party and is due upon receipt.**
- **In cases of divorce**, the parent/or guardian who brings a child to treatment is responsible for any amount due and owing regardless of the divorce agreement. The parent/or guardian is responsible for collecting any monies from the other parent/or guardian. This is **NOT** the responsibility of Barnes & Klatt.
- Our services may include, but are not limited to individual, marital, family and group psychotherapy, and psychological evaluation. We reserve the right to assign services to our associates to ensure appropriate and timely care. Other billable services include report and letter writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of us. If you become involved in legal proceedings that require our participation, you will be expected to pay for all professional time, including preparation and transportation costs, even if your therapist is called to testify by another party.

- Appointments are in high demand, and your early cancellation will give another person access to timely care. Once an appointment is scheduled, you will be expected to pay for the time. If you choose to cancel your appointment, **we require to be notified 24 hours in advance.**
- **A \$75.00 late fee will be charged for cancellations of less than 24 hours.**
- **A \$150.00 fee will be charged for failure to show for an appointment or less than 2 hours notification.**

IT IS IMPORTANT TO NOTE THAT INSURANCE COMPANIES DO NOT PROVIDE REIMBURSEMENT FOR CANCELLED OR NO-SHOW APPOINTMENTS. THIS WILL BE YOUR RESPONSIBILITY.

- Please note that our services may be terminated at our discretion due to multiple missed appointments.

Clinical services will be charged to you based upon the following fee schedule.
***Telephone calls greater than ten minutes as well as report and letter writing**
will be invoiced at the appropriate regular fee.

FEE SCHEDULE

Diagnostic Interview – 50 Minutes	\$ 200.00
Psychotherapy – 60 Minutes	\$ 175.00
Psychotherapy – 45 Minutes	\$ 125.00
Psychotherapy – 30 Minutes	\$ 85.00
Family Therapy – 45 Minutes	\$ 150.00
Extended Psychotherapy – 90 Minutes	\$ 250.00
Group Psychotherapy	Charged by Group
Psychological Testing	Charged by Test
Telephone Consultations (beyond standard)	Charged by Time
Extensive document review (beyond 30 minutes)	Charged by Time
Report and Letter Writing Preparation	Charged by Time
*Missed/Failure to Show Fee (less than 2 hours notification)	\$ 150.00
*Late Cancel Fee (less than 24 hours notification)	\$ 75.00
*Testing Appointments Cancelled/Less 24 hours or Not Kept/No Show	\$ 300.00
Returned Checks or NSF	\$ 40.00

***These fees CAN NOT be charged to your insurance company and are your responsibility for payment.**

****Please ensure that you notify the office with ANY changes to your health insurance ASAP.**

We reserve the right to change, modify, or alter any of the terms of this agreement in the future.

The best psychotherapeutic experience is based upon a friendly, mutual understanding between the clinician and patient.

Thank you for the opportunity to work with you.

If you have any further questions, please contact Kim Montag, Office/Billing Manager

Email: admin@barnesandklatt.com

Phone: 847-981-9200 x228

UPDATED 3/1/2025