

This is yours to keep. There will be a copy for you to sign at your first appointment.

Janette Schoenherr, MA, LPC, NCC

* CLIENT INFORMATION SHEET *

Initial Interview: Your first visit is considered a diagnostic interview. During this time, we will make decisions concerning the type of therapy needed, the goals of this therapy, and how often we should meet.

Fees: The **initial consultation and assessment** is \$135.

Follow-up sessions, including time for payment, scheduling and transition:

37-52 Minute Individual Therapy Sessions - \$90

53-60 Minute Individual Therapy Sessions - \$110

Couple or Family Sessions - \$120

Please be prepared to pay fees at the beginning of the appointment, so that we can make good use of the rest of the session time.

If your insurance company has contracted with the therapist for an 'adjusted rate', then that rate would apply.

PLEASE NOTE: Client is responsible for any fees billed related to legal or court

proceedings, if they should occur. Insurance will not apply. Such fees might include, but not be limited to, written reports, phone calls, or depositions (in-office: \$200 per hour; minimum fee is \$200) or court appearances (\$250 per hour including travel time; minimum fee is \$300).

Phone Consultations: Phone consultations are available for a fee. These can be pre-arranged for an appointed time; insurance is not likely to cover. However, if there is an **emergency**, please just call. If the therapist is not immediately available to respond to emergencies, clients should go to the nearest emergency room or call 911, and keep the therapist informed of what is happening, by leaving messages if necessary.

Insurance Billing: Please verify coverage in your benefit handbook as clients are **ultimately responsible for payment of services**. The therapist's billing service will file client insurance claims at no extra charge. As a courtesy to clients, we will also inquire about benefit information. However, most insurance companies tell us that the information they give out over the phone is "not a guarantee of payment."

Co-Payments & Deductibles: Co-payment (or entire payment, if you do not have insurance) is due at the time of service. If there are extenuating circumstances, or special financial needs, clients can discuss this with the therapist before the appointment. Clients are responsible for their insurance deductible, when applicable, at the beginning of the year.

The therapist reserves the right to use a collection agency if payment problems persist beyond notice. Late charges of 2% per month will be added to balances existing for more than 30 days after notice is given.

We do accept some credit cards.

Changes of Information: Clients are responsible for notifying the therapist of any changes in the insurance policy or coverage as they occur. The therapist is not responsible for collecting the insurance claim, or negotiating a settlement on a claim with your insurance company, if there is a dispute. ***Please notify the therapist of any changes in your address, phone number, or other pertinent information as soon as possible.**

Missed Appointments: Please call at least **24 hours in advance if you must re-schedule** an appointment. The therapist will make reasonable attempts to accommodate the scheduling needs of clients. Clients will be billed \$25 for missed appointments with less than 24 hours notice. (Note: Insurance coverage does not usually apply for missed appointments.) Also, please know that repeated missed appointments can be a cause for termination of therapy.

Snow Days: When weather makes traveling to appointments difficult, please note school closings in the area. **If Kalamazoo Public Schools are closed**, please **call 269/353-7607**, before you come to your appointed time, to see if our office is open. Your therapist is likely to be available for your appointed time unless extremely severe conditions prevail, but **appointments must be re-confirmed** if Kalamazoo Schools are closed. If the public school district in which you reside or Kalamazoo Schools are closed, **you will not be charged for a missed appointment** due to late cancellation if you cannot make your appointment. If you have an evening appointment and there are evening cancellations in your area or in Kalamazoo, you will not be charged if you contact your therapist **at least an hour** before the appointment with a decision not to travel at night in ice or snow.

Please circle one:

- Yes No** I acknowledge that I have read and understand the foregoing information and that my signature below indicates my agreement to abide by the above conditions.
- Yes No** I have received a copy of this client information form and a copy of the therapist's 'Privacy Practices.'
- Yes No** I authorize the release of any medical information necessary to process my insurance claims.
- Yes No** I authorize benefits to be paid to Whole Life Counseling.
- Yes No** I consent to psychological treatment based on the goals and methods we discuss & agree upon.
- Yes No** I acknowledge the therapist's obligation to professional peer consultation, as needed, in accordance with Michigan licensing of psychologists and counselors.
- Yes No** I agree with the release of information to my family physician regarding my treatment.

To: Physician/ Clinic Name: _____

Address: _____

City, State, ZIP _____

Phone # of Physician or Clinic: _____

Client (or Parent/Guardian) signature

Witness

Date

Relative or Friend in case of Emergency

Relationship

Phone #
