

Statement of Financial Responsibility/Declaración de responsabilidad financiera

** indicates a required field*

Statement Of Financial Responsibility

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We try our best to know your co-pay and deductibles*; however, it is your responsibility to know your co-pays/deductible. For high deductible plans, please note that it can take a few weeks for insurance to process the claim. This means that it may take a few weeks before you are charged for your session. Your first bill will show up as zero until your insurance has processed the first claim. It is your responsibility to look at all invoices sent to you by Faith Works Counseling, LLC.

*You are able to call your insurance to get an estimated cost for services. Please ask your clinician for the billing code.

By signing below, I agree to assume responsibility for payment of all costs, charges, and fees to Faith Works, LLC for services performed that are not otherwise paid by insurance or other third-party payor programs in which I am enrolled. I understand that I may become responsible for paying any or all of the following:

- CO-PAYS
- DEDUCTIBLE AMOUNT
- CO-INSURANCE
- FEES FOR THERAPY SESSIONS I RECEIVE AT OR THROUGH FAITH WORKS, LLC
- FEES FOR OTHER SUPPORT SERVICES AT OR THROUGH FAITH WORKS, LLC

Payment for MST Clients:

MST is ONLY covered by Medicaid; some exceptions may apply by talking to your insurance company. Many private insurance companies will accept certain billing codes that will cover MST.

Please be mindful of the following when moving forward in MST with private insurance:

- Auto pay will be implemented and co-pays will be paid by the end of the day.
- It is the responsibility of the family to check with their insurance regarding copays and coverage (as stated in our Statement of Financial Responsibility).
- Please anticipate a minimum of 4 billed sessions a week in which you will be charged your co-pay for each appointment. Additional sessions could be billed at the discretion of your therapist, as clinically appropriate. Billed sessions can include phone calls and case management, described below.
 - o Phone calls: Calls that require support of intervention implementation and processing of the case will be billed as sessions.
 - o Case Management: Our therapists spend a lot of time outside of face-to-face session preparing plans for your family. Case management will be billed during the week to

ensure plans can be created and reviewed prior to session. Plans include but aren't limited to: Safety plans, de-escalation plans, family expectations, monitoring plans, etc. Case management can also include stakeholder meetings or phone calls, time spent doing research for the case, or resource management.

- Upon starting MST, please note that treatment is a MINIMUM of 3 months, but treatment can exceed up to 5 months depending on the needs of the client and family. If families engage in treatment and plans are implemented efficiently, sessions can decrease as clinically appropriate after 8 weeks. If you have questions or concerns regarding billing, please contact your insurance company and collaborate with your MST therapist.

Court Appearances: Faith Works Counseling and Faith Works Industries Staff, Contractors and other personnel will only appear in court due to a subpoena. All court appearances for each staff member, contractor or other personnel will be charged at a rate of \$300.00 per hour per individual with a minimum of 5 hours preparation time for each staff member, contractor or other personnel paid at the client expense. Additionally, the hourly rate covers drive-time, wait time, and time of testimony. If the court appearance is rescheduled, the hours rate remains, and the client must pay for any further preparation time for the individual that may be up to an additional 5 hours depending on the time between the original court appearance and the rescheduled court appearance. This hourly rate of \$300.00 an hour includes court ordered testimony, depositions, written statements, affidavits or other letters, testimonies or communications with attorney's, paralegals, or other court personnel regarding any matters of clinical processes and standards, office processes and standards as well as clinical opinions, treatment processes, treatment planning or any and all duties the involve the management and processes of Faith Works Counseling and Faith Works Industries and any staff member, contractor or other personnel. Clients and families involved in Multisystemic Therapy is the only exclusion to this rate due to court appearances and communication with attorney's and other court personnel are a part of the treatment process only when court appearances involve identified behaviors which are approved behaviors treated in Multisystemic Therapy.

Declaración de responsabilidad financiera

* indica un campo obligatorio

Hacemos todo lo posible para conocer su copago y deducibles*; sin embargo, es su responsabilidad conocer sus copagos/deducibles. Para planes con deducibles altos, tenga en cuenta que el seguro puede tardar algunas semanas en procesar la reclamación. Esto significa que pueden pasar algunas semanas antes de que se le cobre por la sesión. Su primera factura aparecerá como cero hasta que su seguro haya procesado la primera reclamación. Es su responsabilidad revisar todas las facturas que le envíe Faith Works Counseling, LLC.

* Puede llamar a su seguro para obtener un costo estimado de los servicios. Pídale a su

médico el código de facturación.

Al firmar a continuación, acepto asumir la responsabilidad del pago de todos los costos, cargos y tarifas a Faith Works, LLC por los servicios prestados que no son pagados por el seguro u otros programas de terceros en los que estoy inscrito. Entiendo que puedo ser responsable de pagar cualquiera o todos los siguientes:

- COPAGOS
- MONTO DEDUCIBLE
- COSEGURO
- TARIFAS POR LAS SESIONES DE TERAPIA QUE RECIBO EN O A TRAVÉS DE FAITH WORKS, LLC
- TARIFAS POR OTROS SERVICIOS DE APOYO EN O A TRAVÉS DE FAITH WORKS, LLC

Comparecencias en la Corte: El Personal de Faith Works Counseling y Faith Works Industries, Contratistas y otro personal solo comparecerán ante la corte debido a una citación. Todas las comparecencias ante el tribunal para cada miembro del personal, contratista u otro personal se cobrarán a una tarifa de \$300.00 por hora por individuo con un mínimo de 5 horas de tiempo de preparación para cada miembro del personal, contratista u otro personal pagado a costo del cliente. Además, la tarifa por hora cubre el tiempo de conducción, el tiempo de espera y el tiempo de testimonio. Si la comparecencia ante el tribunal se reprograma, la tarifa por hora se mantiene, y el cliente debe pagar por cualquier tiempo de preparación adicional para el individuo que puede ser de hasta 5 horas adicionales dependiendo del tiempo entre la comparecencia ante el tribunal original y la comparecencia ante el tribunal reprogramada. Esta tarifa de \$300.00 por hora incluye testimonio ordenado por la corte, deposiciones, declaraciones escritas, declaraciones juradas u otras cartas, testimonios o comunicaciones con abogados, paralegales, u otro personal de la corte con respecto a cualquier asunto de procesos clínicos y estándares, procesos de oficina y estándares incluyendo opiniones clínicas, procesos de tratamiento, planificación de tratamiento o cualquier y todos los deberes que involucran la administración y procesos de Faith Works Counseling y Faith Works Industries y cualquier miembro del personal, contratista u otro personal. Clientes y familias involucradas en la Terapia Multisistémica es la única exclusión a esta tarifa debido a las comparecencias ante el tribunal y la comunicación con el abogado y otro personal de la corte son una parte del proceso de tratamiento sólo cuando las comparecencias ante el tribunal implican comportamientos identificados que son comportamientos aprobados tratados en la Terapia Multisistémica.

*** Printed Name (First Name and Last Name)/Nombre Legible (Primer Nombre y Apellido):**

*** My Esignature signifies that I have read and understand my financial responsibility treatment and services at Statement Of Financial Responsibility for services at Faith Works Counseling LLC. Mi firma electrónica significa que he leído y comprendido mi responsabilidad financiera, tratamiento y servicios en la Declaración de Responsabilidad Financiera de los servicios de Faith Works Counseling, LLC.** _____

I consent to sharing information provided here.

*** Date/Fecha**