Impact Health, LLC Policies

4 Second Avenue, Suite 106 Denville, NJ 07834

Client name:_____

How did you find Impact Health, LLC?:_____
Clinician:_____

Counseling:

Impact Health, LLC provides short term counseling designed to assist in helping our clients with their presenting concerns. Our goal is to provide you the most effective therapeutic experience available to you. If you and your therapist are not a good fit, we recommend having an active discussion with your therapist to see if there can be any changes made together to make the relationship work and to better suit your needs. We are open to any and all feedback to better ourselves clinically and professionally.

If at any time in treatment, we feel you need more services or a different clinical approach, we will work to find you a referral and provider that will meet your present needs.

We recognize that therapy can be uncomfortable, sensitive, and private. We work very hard to ensure that the therapy process is successful and beneficial to your life. We cannot guarantee that our services will not cause increases in uncomfortable emotions; however, we work concurrently with you to help manage and mitigate any negative reactions.

Fee Policy:

Impact Health, LLC requests that all fees be paid the date services are rendered. Payment is accepted in the forms of check, cash, or all major credit cards including Visa, Mastercard, Discover, American Express. We will happily provide you a printed receipt or emailed receipt. If an overpayment ever occurs; we will gladly provide you a refund but cannot provide a refund after 60 days to a credit card.

Weekly Copay_____ Sliding Scale fee (if applicable)_____

If you are an **IN NETWORK** client, please read the following:

Impact Health, LLC is not responsible for keeping track of your in network deductible or coinsurance amounts. We submit our claims to your insurance on the 1st of every month or first business day of the month. Subsequently, if you visit other in network medical

providers, it is impossible for us to know when your deductible has been met. We recommend that you contact your insurance directly to coordinate your benefits. Additionally, we recommend your check your EOBs (Explanation of benefits) regularly as we typically receive copies of them at a much later date than you do.

It is a good practice to contact your insurance about your mental health benefits to better understand your coverages. Our sessions typically last 45-60 minutes but this timing is based on the individual discretion of the provider and your needs in the session. Our billing codes are based on the time of the session, Code 90834 for 45 minutes individual therapy, Code 90837 for 53+ minutes of individual therapy, first appointment or intake (code 90791), whether the session is as a family (90846) or as a couple (90847). When obtaining your coverages, the aforementioned codes are important to have to see if your plan will cover them.

Lastly, if you have an in network deductible and it has not been met at the start of therapy, we require $92 per session for all **Aetna** in network clients, and $110 per session for all in network **Blue Cross Blue Shield** clients. The aforementioned rates are typical reimbursement we obtain for a therapy session. Again, we do not know when you hit your deductible until our monthly billing is done. This means we may owe you back money or you may still continue to pay down your deductible to us directly for our services rendered.

If you are an **OUT OF NETWORK** client, please read the following:

Several of our clinicians are out of network with certain insurance companies. This means we expect our fee to be paid directly to us at each session. Fees are set prior to your first session. In some circumstances, the insurance company will send you a check for services rendered. If a check is sent to you for our services, we ask that you sign it over to us to remit payment. As a courtesy, we will file all out of network claims on your behalf on the first business day of the month.

Impact Health LLC utilizes a third party billing company to file all claims and follow-up on any insurance concerns or inquiries.

Cancellation Policy:

If more than two of your appointments are missed without notification, we reserve the right to bill you the full fee for the session missed. Please provide us 24 hours' notice for

cancellation of your appointment; otherwise the full fee will be required of you. Please arrive on time – we try to accommodate your schedule, however, we must abbreviate late appointments, so as to be fair to our other patients. We recognize and understand that life happens, illness, bad weather, etc. and at our individual discretion will determine when appropriate to charge the missed appointment/cancellation fee.

Confidentiality:

I understand that information provided in session will be kept confidential by the therapist as provided by the law. There are exceptions to confidentiality including, but not limited to, reporting child and elder abuse, and expressed violence towards self or others._____(initial)

I understand that Impact Health, LLC is a group therapy practice and that my clinician meets as a practice to discuss cases and help one another with clients. I do or do not (circle one) authorize Impact Health, LLC to have HIPPA and privacy compliant, therapeutic conversations about me in a group supervised setting comprised only of Impact Health, LLC clinicians_____(initial)

In the treatment of minors, we will provide updates to guardians when appropriate but not disclose therapy sessions unless the client has agreed to do so or there is a specific threat or harm to the client.

Coordination of Other Professionals:

Yes or No (circle one) Are you currently taking any medications for mental health prescribed by a psychiatrist or other medical professional?

If yes, which medication and dose_____

If yes, please include the psychiatrist's or doctor's name and number below so Impact Health, LLC can learn more about your treatment history and coordinate care to better serve your needs.

Consent is hereby given to contact my psychiatrist/person prescribing medications_____(initial)

Psychiatrist or Other Medical Professional Name/Address/Phone Number:

_____

Miscellaneous Office Policies: Impact Health, LLC's goal is to provide a peaceful, quiet environment for our clients. We reserve the right to ask anyone creating excessive noise in our waiting room to leave as a courtesy to anyone in existing sessions. We often engage in therapeutic techniques that require a quiet environment. We please ask that your phones are silenced and any non-urgent calls be taken outside of our office. We thank you for your help in ensuring the maintenance of this environment.

Impact Health, LLC cannot guarantee that our office is entirely allergen free. We will do our best to accommodate your individual needs and keep you safe but can't always know whether certain allergens are coming into our office.

Impact Health, LLC can't guarantee that you will not run into people you know in our waiting area or office.

Calls/Emails/Texts/Emergency Policy:

Impact Health, LLC is not a crisis center or emergency center. We recommend that you go to your local emergency room should any medical or psychiatric emergency arise.

Our intention is to answer your non- emergency calls and emails within 48 hours. For communication in email, please note that all emails are a part of our patient records. For any other written forms of communication (Texts), please note that they are also part of our patient records. We strongly encourage you to discuss any relevant clinical concerns in your sessions and not via email or text messages.

Signature and Acknowledgment of the information set forth above:

_____

Signature Approval for Impact Health, LLC to leave Voicemails:

_____

Signature Approval for Impact Health, LLC to correspond via Email/Text (Circle one or both):

_____

Date_____