

Lisa M Basile MA LLC
7561 Main Street
Suite 425
Omaha, NE 68127
(402) 651-0551

Insurance Financial Billing Policy and Billing Agreement

Name: _____

Insurance coverage

- Client agrees to contact Insurance Company to verify Mental Health benefits. The language contained in your insurance policy can often be confusing. A full understanding of what you are paying for helps you to be an informed consumer and make important decisions about your healthcare coverage. _____ (Initial)
- Should a dispute arise on a claim, it is generally the client's responsibility to clarify and resolve the dispute with the insurance company. _____ (Initial)
- Any copays and deductibles not met are due at the time of services. _____ (Initial)
- In order for insurance to be filed on your behalf, the provider is required to provide a clinical diagnosis to your insurance company and, often times, clinical assessment and progress notes in order to access authorization for additional sessions. _____ (Initial)

Payment

- Payment is expected at the time of service. _____ (Initial)
- Client agrees to provide a 24-hour notice to cancel appointment. Otherwise, no show charges will be assessed at 50.00. The no show charge will be waived if the appointment is rescheduled on a day during the same week of the missed appointment. _____ (Initial)
- Services that are not covered by the client's Insurance Plan may be arranged under separate written agreement with the provider (i.e. testimony on behalf of the client for legal issues, group work, self-pay fee scale). Communication via phone calls, text, or email more than 15 minutes are billed for the amount of time spent on the communication based on the quarter hour. _____ (Initial)
- Sessions are usually 50 minutes in length; however, at times, the session may be extended by the client beyond the regularly scheduled time. The client is responsible for the time extension when the Insurance Plan does not cover the extended session. _____ (Initial)
- There is a 20.00 administration charge for checks that do not clear the bank. _____ (Initial)
- Questions regarding your account should first be brought to the attention of the provider. The provider will direct your questions to the Billing service or direct you to contact the Billing service. _____ (Initial)

Explanation of Fees

- For a full explanation of fees, please see updated fee schedule on page two of this document.
- **I certify that I have read, understand, and agree to the foregoing Insurance Financial & Billing Policy Agreement. The undersigned is the client or is duly authorized by or on behalf of the client to execute the above and accepts its terms.**

Signature of Client or Responsible Party

Date

Witness

Date

Lisa M. Basile MA, LMHP

7561 Main Street * Suite 425 * Omaha, NE. 68127

phone: 402-651-0551

Fee Schedule

(effective November 15, 2018)

CPT CODES (filed to Insurance) **LMHP**

90791	Psychiatric diagnostic evaluation.....	\$165.00
90832	Psychotherapy w/patient or family member; 30 min.....	85.00
90834	Psychotherapy w/patient or family member; 45 min...	110.00
90837	Psychotherapy w/patient or family member; 60 min...	155.00
90846	Family Therapy (w/out client present).....	130.00
90847	Family Therapy (with client present)	135.00

Crisis session:

90839	Psychotherapy for patient in crisis; 60 minutes.....	160.00
+90840	crisis add-on code for each 30 minutes.....	75.00

Self Pay Charges:

Consultation (hourly rate)	\$155.00
Phone calls/phone consultations (charged for time spent, @ pro-rated hourly rate)	
Letters (charged for time spent @ pro-rated hourly rate)	
Reports (charged for time spent @ pro-rated hourly rate)	
School Conference (charged for time spent @ pro-rated hourly rate)	
Travel Time(charged for time spent @ pro-rated hourly rate)	
No Show and Late Cancellation Charge	50.00

Thank you for your business!