

**NORTHEAST OHIO BEHAVIORAL HEALTH, LTD.
FEE AGREEMENT FORM**

- Diagnostic Assessment/Initial Intake Interview - \$140 per 45 minutes session.
- Individual Counseling - \$100 per 45 minute session, \$60.00 per 20-30 minute session.
- Group Counseling - \$45 per person per hour.
- Specialized Services/Evaluations/Assessments – fees vary and are explained under a separate document which will be presented if applicable.
- Summary Letters - \$50.00 per letter.
- Reports - \$160.00 per report.
- Fees for reports, testing, letters, telephone consultations and other services will not be billed to Insurance, Medicaid or most third party payers and are therefore your financial responsibility. Payment is due in advance of the service being provided.
- There will be a \$25 charge for checks returned for non-sufficient funds.
- **We reserve the right to charge for your visit if there is not a 24 hour notice of cancellation.** This will not be billed to Insurance, Medicaid or third party payers and is therefore your financial responsibility. Additionally, we reserve the **right to refuse to provide future services** should you demonstrate a history of no shows and/or late cancellations.
- **Deductible and co-pay amounts, in addition to those services not covered by another payer, are due at the time of each visit.**
- Although we may bill your insurance company and/or third party payer, **you are ultimately responsible for payment of services rendered, and for contacting your insurance company and/or third party payer if payment is not received in a timely manner.**
- If your bill for services rendered is not paid promptly, we may find it necessary to turn your account over to a collection agency. We will make every effort to avoid this by working with you to ensure timely payments on your account. However, if it does become necessary to turn your account over to a collection agency, we reserve the right to charge an additional collection fee.
- For your convenience, we accept Visa, MasterCard, Cash, Personal Checks and Money Orders.

STARK COUNTY RESIDENTS ONLY:

You may apply for Public Subsidy Funding through the Mental Health and Recovery Services Board of Stark County for certain services provided by NEOBH. Please select from one of the two options below:

Option 1 – I waive my right to be considered for public subsidy funding offered by my county and therefore agree to pay 100% of charges not covered by Insurance, Medicaid or any other third party payer. _____ **(initials)**

Option 2 – I wish to be considered for Public Subsidy Funding. A separate Financial Interview with an NEOBH representative will be scheduled. Proof of Income will be required. _____ **(initials)**

I have read and fully understand the above provisions. I give permission to and request that Northeast Ohio Behavioral Health, Ltd. bill my Insurance, Medicaid or any third party payer for services rendered to me or to a member of my family. I clearly understand that it is still my responsibility to make sure that the bill is paid in a timely manner. If, for any reason, any portion or the entire bill is not paid by Insurance, Medicaid or any third party payer, I agree to make arrangements for prompt payment to Northeast Ohio Behavioral Health, Ltd.

***REQUIRED INFORMATION FOR ALL CLIENTS:** Family Income: \$ _____ per month Family Size: _____ persons

Signature of Client or Parent/Guardian

Date Signed

Signature of NEOBH Representative

Date Signed