



CHAT N RELAX COUNSELING & CONSULTATION, LLC ®
 DaRon Stephens, LPC, LCADC, LMT
 1130 State Route 34, Suite 4, Aberdeen, NJ 07747
 (P) 201-675-1083

COUNSELING SERVICE FEES

Chat N Relax Counseling & Consultation, LLC

Office & Virtual service fees are listed below:

- Initial Assessment** (90791) 60 minutes \$200.00
- Follow up Counseling Appointment** (90834) 45 minutes \$120.00
- Couples Counseling** (90837) 60 minutes \$160.00
- Substance Use Evaluations (Office Only)** (99409) 90 minutes \$240.00
- *30 Minutes Phone Service** \$60.00
- Other Fees –*No Show & Cancellation Policy Fee (Read Below)** **\$75.00**
- *Bounced Check Fee (Read Below)** **\$40.00**
- *Late Payment Fee** **\$5.00**
- Inaccurate Primary/Secondary Insurance Fee (Read Below)** **\$100.00**
- Drug & Alcohol Screening Test** **\$20.00/Each**

(Please read carefully, initial & sign)

1. I understand Chat N Relax Counseling & Consultation, LLC service description, fees, and I agree to pay my service fee or insurance copayment/coinsurance (if applicable) in full at time and/or day of service. **Initials** _____
2. I understand I will be provided a receipt of service at completion of payment to submit to my out of network insurance provider (if applicable). **Initials** _____
3. I understand Chat N Relax Counseling & Consultation, LLC is an out of network self-pay provider for some insurance providers and I may not be reimbursed by my insurance provider due to my out of network benefits or lack thereof. **Initials** _____
4. Failure to provide accurate primary/secondary health insurance(s) will result to a penalty of \$100. **Initials** _____
5. I understand Chat N Relax Counseling & Consultation, LLC may provide a self-pay sliding scale fee, with proof of hardship for my services, and that I am responsible for payment arrangement of the sliding scale fee in full at time and/or day of service unless special arrangements have been made prior to my service. **Initials** _____
6. I understand that I will pay for my service in exact amount. If my method of payment is cash and I pay more than the service fee, the remaining cash will be credited to my next session fee. I acknowledge no change will be provided. **Initials** _____
7. *I understand that if a check I provide to Chat N Relax Counseling & Consultation, LLC for service bounced or cannot be processed, I will be charged a **\$40.00 bounced check fee**. **Initials** _____
8. *I understand that if I do not cancel within 24 hours of my scheduled appointment or no show to appointment without proper notice and/or *explanation* less than 24 hours' notice or call within 15 minutes of my scheduled session regarding my late arrival, Chat N



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Relax Counseling & Consultation, LLC's **No Show & Cancellation policy fee of \$75.00** will be applied to my account and due at time of next service. **Initials** _____

9. *I understand I will be charged a **Late Payment Fee of \$5.00** the following day after my session if my copayment/self-pay fee is not paid in full when services are rendered. **Initials** _____

10. I understand that if I do not pay my service fees, the balance may be turned over to a collection agency if no payment arrangements are made by myself and Chat N Relax Counseling & Consultation, LLC. **Initials** _____

11. **30 Minutes Phone Service** - This service allows you to have up to two (2) thirty (30) minute verbal conversation with DaRon Stephens, LPC, LCADC, LMT via phone a month to discuss your immediate concern or issue. This service is also available for case collaboration/management or general advisement. Please be advised that DaRon Stephens, LPC, LCADC, LMT will have this conversation securely, privately, and confidentially with you. It is your responsibility to be aware of your personal environment/ surroundings for confidentiality reasons/concerns if you chose to use this phone service.

This service and fee is NOT covered by insurances. **This fee will be due at next scheduled session including your copayment, coinsurance, or general fee, etc. whichever applies.**

You must schedule your Thirty (30) Minute Phone Service at least 24 hours prior to proposed call. DaRon Stephens, LPC, LCADC, LMT will place the initial call on scheduled date & time to you and/or your minor. Please contact DaRon Stephens, LPC, LCADC, LMT to schedule the Thirty (30) Minute Phone Service call.

This option is not meant to be used for a crisis/emergency type of situation. In the event of an emergency, please contact local emergency authorities and/or 911. As always, you may call as usual for general inquires, to reschedule or book your next upcoming appointment however, if advisement and/or treatment recommendations are needed outside of the traditional office session setting, the \$60 fee will apply to your case file. DaRon Stephens, LPC, LCADC, LMT will inform you verbally on the phone and document the Thirty (30) Minute Phone Service in your chart. **Initials** _____

12. I acknowledge that a Drug & Alcohol Screening test is \$20.00 each (if applicable to myself/my youth) and I have read the Drug & Alcohol Acknowledgment document. **Initials** _____

Acknowledgment: By signing below, I understand each explanation of Chat N Relax Counseling & Consultation, LLC counseling services and fees. I understand that if I have any questions about any counseling service and/or fees, I can ask DaRon Stephens, LPC, LCADC, LMT owner of Chat N Relax Counseling & Consultation, LLC at any time. I understand my responsibility to pay for services at Chat N Relax Counseling & Consultation, LLC.

 (Signature)

 Guardian/Parent (if client is 17 years or younger)

 (Print Name)

 (Date)

 DaRon Stephens, LPC, LCADC, LMT