



## CLIENT PAYMENT POLICY

**Ash Point Counseling** strives to ensure a clear understanding of your financial responsibility with respect to the behavioral health services we provide. These policies apply to all services provided by **Ash Point Counseling**.

**Payments:** We charge \$135 per session due at the time of service. We accept cash, Visa, MasterCard, Discover, American Express, JCB, or Union Pay. We also accept payment by check and debit cards and are compatible with SimplePractice, Stripe, PayPal and Square payment services. We reserve the right to require payment for services to be made at or before the time of service so that we can avoid pursuing outstanding balances and financial liability.

**Cancellations/No Shows:** We will charge you if you do not call and cancel your appointment within the timeframes below. Notification allows the provider to see an alternate client who needs to be seen for that day.

**Regular appointments:** The policy is that the first cancellation within 24 hours or no-show in 30 days we consider a "life happens" no show. We understand emergencies and unexpected illnesses occur and remaining in contact with your provider is critical for care. For the second cancellation or no-show in 24 hours in 30 days, we charge a \$25 cancellation charge and notice for discharge and referral to the community should a third cancellation within 24 hours or no-show occur in the same 30 day period. At the third cancellation within 24 hours or no-show in 30 days we move forward with discharge from services and refer the client to the community.

**Superbill Filing:** Ash Point Counseling will charge \$135 per session due at the time of service and operate by "superbilling" clients with commercial insurance, which is explained well here: <https://www.thesuperbill.com/blog/what-is-a-superbill>. Ash Point Counseling would send these superbills directly to you to submit to your insurance company at whatever regularity that benefits you, and baseline will send them directly to you at the end of each month. Services are also reimbursable through FSA and HSA's.

**Medicaid:** Ash Point Counseling currently pays Health Affiliates Maine to file Medicaid patient's claims for the state of Maine. If you have assistance from another state, you will be responsible for payment of the services you receive and the filing of your own claims. It is the Medicaid patient's responsibility to receive referral.

**Dependents:** You are responsible for payment of services rendered to your dependents on your account. In cases where a written court order allows payment for medical costs associated with a dependent, it is the responsibility of you to obtain reimbursement from the other party involved.

**Referrals:** If you see a Ash Point Counseling out of network provider and if you use an insurance company that requires a referral, you are responsible for obtaining it from your primary care clinic or physician. Failure to obtain it may result in a lower repayment or no prepayment from the insurance company or no benefits from your insurance company.

**Forms/Letters/Medical Records:** Health Affiliates Maine provides all secure storage of your confidential medical record as a Medicaid client. To obtain copies of your health record, please contact: 1-877-888-4304; Email: [info@healthaffiliatesmaine.com](mailto:info@healthaffiliatesmaine.com) . For all other clients, SimplePractice provides all secure storage of your confidential medical record as an Ash Point Counseling client. To obtain copies of your health record, please contact your provider.

**Attestation Statement:** I have read, understand, and agree to the above Ash Point Counseling Payment Policy. I understand that cancellation charges and \$135 session charges are my responsibility. I acknowledge that these policies do not obligate Ash Point Counseling LLC to extend credit, and Ash Point Counseling providers will need to secure overdue payment prior to continuing to schedule with a client to prevent any financial liability.. I authorize Ash Point Counseling LLC to release pertinent information to Health Affiliates Maine billers, SimplePractice functioning, and myself when requested, or to facilitate payment via superbilling.

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Client Printed Name

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Signature

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Date

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Provider Printed Name

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Signature

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Date