COLUMBIA NORTHEAST COUNSELING SERVICES

9570 Two Notch Road, Suite 8

Columbia, South Carolina 29223

Mailing: Post Office Box 25453, Columbia, SC 29224

PHONE 803-782-5556 FAX 803-788-0914

Initial Contract Form

Thank you for selecting Columbia Northeast Counseling Services, LLC for your therapy and/or evaluation needs. So that we may prevent any misunderstanding regarding our policies, we request that you read and sign this explanation of our policies.

**Appointments:**

* All new patients will have new patient forms that need to be completed. There are two means to accomplish this; 1) show up 20 minutes prior to their appointment (the website is www.colanecounseling.com), or 2) print out the required paperwork from the website and come in five minutes early.
* From time to time schedules can change and we understand. Please call our office 24 hours in advance to let us know if you need to cancel or reschedule your appointment or you may be charged for the visit. The charge for a late cancel, late reschedule, or no show is half of the full fee charged for a visit.
* Three missed consecutive appointments may terminate the counseling relationship.
* If you show up late to your appointment, the appointment may be subject to cancellation.
* If, for any reason, the counselor must cancel an appointment, the patient will be advised at the earliest possible time and will not incur any financial penalty.

**Medical Information:**

* Form fees such as FMLA, Life Insurance, and other forms will be assessed $50.00 per form.
* Letters from your provider on the Medical Practice letterhead will be made available at a cost of $50.00.
* It is agreed that any of the counselors in the office may see the notes of the patient if involved in the case of an emergency of patient care.

**Emergencies/After Hours**

* If you are having a life threatening medical or mental health emergency then first utilize the emergency resources that are available through the local emergency room or you should call 911.
* If you are having a non-life threatening urgent issue, then during normal business hours, the receptionist will facilitate setting up an emergent/urgent contact.

**Payment Policy**

* The client is responsible for payments at the time services are rendered. All co-payments are due at the time of service. Columbia Northeast Counseling Services, LLC accepts cash, personal checks, MasterCard, and Visa. A $25.00 service charge will be assessed for returned checks.
* Exceptions to the above payment policy will be dealt with on a case-by-case basis.
* Presenting your insurance card(s) will allow us to verify whether or not your insurance carrier is one with which we routinely file claims. Failure to present all insurance information at the time of service (primary, secondary, and EAP) may result in the loss of your benefit.
* Any problem with your insurance carrier that delays or prevents payment of claims is the client’s responsibility.

**I have read the above policies, understand, and agree with them.**

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**Patient’s Signature Date**