



Eberhart Counseling, LLC

Ellen Eberhart, LCMHC, MLADC

Client Name: _____

ANCILLARY SERVICES FINANCIAL POLICY

Comprehensive treatment is a key component in working with complex cases. This can include working collaboratively with families, schools, other outside service providers, or providing support through non-direct therapy services. Eberhart Counseling, LLC, is an eligible provider for most insurance carriers; however, some related services provided as part of comprehensive treatment are not billable to insurance companies. These services are referred to as Ancillary Services.

Ancillary services are available to all clients, in addition to direct therapy services. The following is a brief menu of services available and the charges for each. Please be aware that ancillary services are provided through an out of pocket fee only, and will not be billed to insurance. All ancillary services are billed directly to clients at a rate of \$100.00 per hour, and will be billed in 10 minute increments, with a minimum charge of \$10.00.

Examples of Ancillary Services are as follows (This list is not exhaustive, and other services may be included, as needed):

Telephone calls

Email correspondence

Writing letters

File or document reviews

Meetings

Travel time

Reproducing files for release (only when requested by client)

Eberhart Counseling, LLC must make each client aware of the nature and limits of clinical and business policy procedures. Returning this form with your signature will signify that you have been duly informed of and agree to my business and clinical policies with regards to Ancillary Services.

Please indicate below that you have read and understand the above explanation of ancillary services, and the billing procedures for such services.

Please check one:

_____ I **authorize** the provision of Ancillary Services, and understand all billing procedures and costs associated with such services.

_____ I **DO NOT** authorize the provision of Ancillary Services, and understand treatment will consist of direct therapy services only.

Client/ parent Signature

Therapist Signature

Date