Northeast Youth & Family Services
Transforming Lives

2020 FEE AGREEMENT:

I (client) understand that I am fully and directly responsible to **NYFS** for payment of services provided to my dependents or myself. **NYFS** agrees to assist me in processing my insurance claims for services provided. If the insurance company does not pay, I am responsible for full payment. I agree to turn over to **NYFS** any insurance payment I may receive as result of services provided. If my insurance company does not pay within 60 days of NYFS filing of claim, I am responsible for payment. Any payments not covered by insurance are due at the time of appointment, unless arrangements are made with **NYFS**.

I understand that **NYFS** may employ the use of either a collection agency or small claims court on accounts which are overdue by 90 days or reach $500.00 without payment and payment arrangements, and all filing and legal fees will be added to client's account.

CANCELLED or FAILED APPOINTMENTS:

If a scheduled appointment is not cancelled 24 hours prior to the time of the appointment, or if the client "no-shows" for a scheduled appointment, the appointment will be billed to client account at the rate of $50.00 per appointment. Insurance companies and Medical Assistance will not pay for missed appointments, thus the client is responsible for this cost. No discounts of any kind are available for missed appointments. Services from NYFS will be terminated if you do not cancel appointments that you do not intend to keep three times within a six month period.

CLINICAL SERVICES FEES: Agreed upon rates for 2020 are listed below:

LICENSED PSYCHOLOGIST, SOCIAL WORKER AND PROFESSIONAL COUNSELOR:

INTAKE APPOINTMENT.....$225.00
INDIVIDUAL THERAPY (16-37 min).....$100.00
INDIVIDUAL THERAPY (38-52 min).....$125.00
INDIVIDUAL THERAPY (53+ min).....$160.00
FAMILY THERAPY (with patient).....$170.00
FAMILY THERAPY (without patient).....$130.00
GROUP SESSION.....$ 75.00

PSYCHIATRY SERVICES

PSYCHIATRIC INTAKE.....$420.00
PSYCHIATRIC FOLLOW-UP (40 minutes).....$250.00
PSYCHIATRIC FOLLOW-UP (25 minutes).....$170.00

MY COPAY PER VISIT IS $_____ (OR BALANCE AFTER INSURANCE)

Signature of agreement is noted on Required Signature Document.

Northeast Youth and Family Services - Shoreview
3490 Lexington Avenue - North
Shoreview MN 55126
Phone: 651-486-3808 FAX: 651-486-3858

www.nyfs.org

Northeast Youth and Family Services - White Bear Lake
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