



Lokahi Counseling, LLC
Chandra Lindeman, M.A., LMHCA
324 West Bay Drive NW, #216
Olympia, WA 98502

FINANCIAL POLICY

Thank you for choosing Lokahi Counseling! Our goal is to provide you with quality mental health care. Your informed participation and your understanding of payment arrangements are essential to our effort to help you, as well as to your effort to benefit from our time together.

Please understand that payment of your bill is considered a part of your treatment.

Part One: Fees Information For Associate Clinicians. If you choose to see one of our Associate Clinicians at Lokahi Counseling, the standard rate is \$75 per hour if you choose to pay out of pocket.

(initial)

You can pay with cash or check. Credit or Debit Cards can be used for an additional fee (3.0% of your billed rate). At the end of each month, a billing statement is generated that reflects your balance, and a record of payment. This statement is emailed to you and may, if necessary, also be mailed to you through the U.S. Mail.

(initial)

At the discretion of the Counselor, client balances may be carried for a limited time. Balances are considered past due if they remain unpaid for over 90 days. If your balance becomes past due, an office representative will contact you and assist you in making payment arrangements, or your account will be sent to collections with Evergreen Collections. Interest of 1% per month (12% APR) will be charged for any past due balances.

(initial)

If you must cancel a scheduled appointment, please let us know as soon as possible. With the exception of emergency situations, **if you must miss a scheduled appointment and you are unable to cancel at least 24 hours ahead of time, our office charges \$75.00 for the missed appointment.** Unfortunately, your insurance company does not pay claims for missed visits, so that fee will be charged directly to you. Please help us to serve you better by keeping scheduled appointments.

(initial)

Part Two: Other Fees. If you, or someone else (e.g., another counselor or your lawyer), needs a copy of your file or of other records that may be legally necessary, our office charges \$.25 per page for copying, plus postage. Our office also charges a \$30 fee for checks that are returned unpaid for any reason. _____
(initial)

Sliding Fee Scale: Lokahi Counseling can offer up to two (2) sliding fee scale slots for those who are in financial crisis. These require pre-approval by Tracy Kenela, owner of Lokahi Counseling. The per hour rate on the sliding fee scales is calculated at .001 x annual or family income. (For example, if you have an income of \$50,000 per year, you would pay \$50 for each hour of counseling). The minimum hourly rate on the sliding fee is \$40 per hour, and the maximum hourly rate is at the standard rate of \$75 per hour

(initial)

Part Three: Insurance

Lokahi Counseling is a contracted provider with Regence, Premera, Kaiser, Aetna, Tricare and US Family Health. **Please note that Tricare and Kaiser do not cover Associate Clinicians.** Lokahi Counseling **can** attempt to bill all other insurance plans for Associate Clinicians as an “out of network” provider, yet some, and perhaps all, of the services provided may be non-covered services and / or will be considered “out of network” for Associate Clinicians. If this is the case, you will be responsible for paying for any & all non-covered services.

(initial)

If there is a problem collecting payment from your insurance company, an office representative will contact your insurance company to discover the reason for the non-payment. ***You will be billed directly for any insurance monies not collected within 90 days of the claim having been filed.***

(initial)

I have read the financial policy statement, I understand it, and agree to the terms described. Furthermore, I authorize the Counselor and office representative to release mental health diagnosis or any other information necessary to process insurance claims, or to follow up with my insurance company for claim payments.

Client Signature

Date

Client Signature

Date