



HEALTHY RECOVERY OPTIONS

Specializing in Assessments and Counseling

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Services and Fees

The following policy statement will help clarify your responsibility in regard to receiving services, billing, and insurance.

1. Please note that you are responsible for paying the required fee/s at the beginning of services.

2. In regards to insurance, it will be your responsibility to call your insurance company to verify your benefits. You agree that you are responsible for the charges for services provided by this therapist to you. You will be issued with an invoice so that you can claim your money back from your insurance company. You understand insurance deductibles, co-payments, or full-fee for services are due at the time of services.

3. It will be your responsibility to pay either in cash, with a check, money order, debit or credit card for the services rendered by Healthy Recovery Options.

4. In regards to online payments, the decision is yours to pay online. Healthy Recovery Options has an agreement with Aabasco Host (website host), Pay Pal, and Pay Anywhere, to provide a secure site for online payments.

5. There may be a charge for all appointments that are missed or cancelled without a twenty-four (24) notice. Insurance carriers will not pay for missed or cancelled appointments.

6. In regard to our refund Policy, prepaid services appointment can be rescheduled or cancelled, but no later than 24 hours before the appointment time to get a full refund.

7. In regard to outstanding fees, Healthy Recovery Options will make at least one attempt to contact you in either one of the following ways: telephone, text messaging, email, or snail mail, to retrieve any outstanding fees. If you have a Diversion or Probation Officer, this information will be communicated to them in an effort to retrieve the money. As a last resort, Healthy Recovery Options may utilize an outside contractor to retrieve the outstanding money.

Informed Consent

I have been provided with specific, complete and accurate information about: The benefits and methods of treatment, options to proposed treatments, consequences of not receiving proper treatment, voluntarily nature of the proposed treatment, a tentative treatment plan/recommendations/suggestions, and the client's rights, grievances procedures, confidentiality, and the fee structure.

Payment Agreement

I _____ request that Healthy Recovery Options provide professional services to me and I agree to pay fee/s of

\$ _____ per session for Assessment/Evaluation

\$ _____ per session for individual therapy

\$ _____ per session for group therapy

I agree to pay a minimum of \$ _____ of the professional fees at each session.

I have read the clients rights, and reviewed the fee schedule. I understand my rights as a client at Healthy Recovery Options and responsibilities for payment. By signing this form I understand what is expected of me. If I don't I don't follow through with the agreement, I may be discharged unsuccessfully.

Signature

Date

Signature

Date