



## **Behavioral Health Payment Agreement Private Pay and Sliding Scale**

Welcome to Anchorpoint Counseling Ministry! As a nonprofit ministry, we are committed to providing you with high-quality and personalized care. Your understanding of Anchorpoint's payment policies and billing procedures is essential to maintaining effective services to you and others. For this reason, we have adopted the following payment agreement for clients who are paying on a private-pay or sliding-scale fee basis (i.e., not using health insurance). You are required to read, agree to, and sign this agreement prior to receiving any services.

### **SERVICE COSTS AND "GOOD FAITH ESTIMATE":**

By law, and as part of our commitment to providing you with high-quality care at transparent costs, we are required to give you an upfront estimate of your bill. Since you will not be using health insurance, you must review and sign a "Good Faith Estimate" form prior to scheduling any services with Anchorpoint. **Your signature on the "Good Faith Estimate" form indicates your understanding and agreement to pay the stated cost(s) per session for the number of services you receive from Anchorpoint.**

### **PAYMENT DUE AT TIME OF SERVICE:**

**You will be responsible for paying the cost(s) per session, as indicated on your "Good Faith Estimate" form, at the time each service is received.** You may pay for your services with a credit/debit card, check, or cash. Any unpaid amounts will be added to your balance and billed/invoiced to you.

### **BILLING/INVOICING:**

You are responsible for paying any bills/invoices upon receipt. **Any unpaid balances are subject to Anchorpoint's collections procedures. If your unpaid balance equals more than five (5) times your "per session" cost, Anchorpoint reserves the right to discontinue your services until you make a goodwill effort to pay your balance.** Various payment plan options are available by contacting Anchorpoint. We accept most major credit/debit cards, checks, and cash. Payments can be submitted in person, by phone at (412) 366-1300, online at [www.anchorpoint.org/pay-my-bill/](http://www.anchorpoint.org/pay-my-bill/), or by mail to Anchorpoint Counseling Ministry, 800 McKnight Park Dr., Ste 802, Pittsburgh, PA 15237.

### **PAYMENT METHOD ON FILE:**

**If you have an electronic payment method (e.g., credit/debit card, account), Anchorpoint strongly recommends that you complete an Electronic Payment Method Authorization Form.** By completing this form, you will ensure you are always up to date on any required payments or balances due to Anchorpoint. This form will be kept securely on file and only accessed by an approved billing representative to process your payments for services. With this authorization, Anchorpoint will automatically process any fees charged to you for services, including counseling sessions you receive and billed no-shows/cancellations.

**NOTICE OF CHANGES TO PAYMENT OR CONTACT INFORMATION:**

In the event of a change to your payment method on file, we require advance notice prior to the completion and billing of a covered service. **You are also responsible for notifying Anchorpoint of any and all relevant personal information changes, including new mailing address(es), phone number(s), and other contact information.** Failure to notify us of your changes may result in initiation of collections procedures.

**CANCELLATION POLICY:**

Please reference Anchorpoint's "Cancellation and No-Show Policy" for the terms of Cancellation/No Show Fees. These fees will be billed to you along with any service fees.

**RETURNED CHECKS POLICY:**

This policy is for clients who pay by personal check. If your personal checks are returned for "not sufficient funds" (NSF), you will be billed \$25 to cover bank fee expenses. Following a returned check, you must pay all future charges by cash or credit/debit card.

I have read and fully understand this Private Pay and Sliding Scale Behavioral Health Payment Agreement. I agree to and will comply with all of these terms and conditions.

\_\_\_\_\_  
*Client Signature (Parent or Guardian if client is younger than 14 years old)*

\_\_\_\_\_  
*Date*



# ANCHORPOINT COUNSELING MINISTRY

## GOOD FAITH ESTIMATE FOR SERVICES

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

By law, and as part of our commitment to providing you with high-quality care at transparent costs, we are required to give you an upfront estimate of your bill for healthcare items and services. A “Good Faith Estimate” is applicable to you if you are not using health insurance or do not have health insurance when seeking healthcare items or services. We agree to provide you with this Good Faith Estimate within 48 hours of completing your intake. You must sign and return this Good Faith Estimate form to Anchorpoint if you wish to proceed with scheduling services.

This Good Faith Estimate form indicates the costs you will be billed both on a per-service basis and collectively for all services you may receive from Anchorpoint. The total costs are based on the typical treatment regimen for Anchorpoint clients. It is not possible for your assigned counselor to know in advance how many sessions/services you may need. Therefore, this form provides a general estimate of fees for all services anticipated. Your actual total fees will depend on the number of sessions you receive, any no show/cancellation fees you incur, and your individual needs/circumstances.

This Good Faith Estimate shows the costs of services that are reasonably expected for your healthcare needs based on the information you provided at the time of your intake. Depending on your treatment needs and progression, more or fewer sessions may be required. You are entitled to disagree with any recommendations made to you during treatment. You may also discontinue treatment at any time. The following is a breakdown of your Good Faith estimated costs:

Service	Cost Per Session	Number of Sessions (Estimate)	Total Cost (Estimate)
Psychotherapy Session		12	
Cancellation/No Show: Daytime			
Cancellation/No Show: Evening			

Most Anchorpoint clients begin treatment with one psychotherapy session per week. Each session is approximately 52-60 minutes in length. Depending on your treatment plan, your frequency of sessions may be higher or lower. The average Anchorpoint client receives approximately 8-12 psychotherapy sessions over a 4 to 6 month period.

If you receive a bill that is at least \$400 more than this Good Faith Estimate, you have the right to dispute the bill by calling our office at (412) 366-1300.

For questions or more information about your right to a Good Faith Estimate, please visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call the U.S. Centers for Medicare & Medicaid Services (CMS) at 1-800-985-3059.

This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above.

I hereby attest that I have read, understand, and agree to the above information:

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature (if 14 years old or older)

\_\_\_\_\_  
Date: