Business Office: P.O. Box 776
Oak Lawn, IL 60454-0776

Advocate Health Care

Advocate Family Care Network
1-800-216-1110

Advocate Family Care Network Treatment Agreement & Financial Policies

TREATMENT AGREEMENT- Welcome to *Advocate Family Care Network (AFCN)*. This document is an agreement regarding our services, the fee for these services, and is effective upon our receipt of this signed agreement**.** Please understand that payment of your bill is considered a part of your treatment.
1. You have requested one of the following services: Psychotherapy; Counseling; Family Therapy/Counseling; Group Therapy; Psychological Evaluation or Testing.
2. When you participate in the services that are recommended by your therapist, you agree to pay for those professional services. Our standard fee is $135.00 per session which lasts approximately forty-five (45) minutes. However, if we are in-network with your insurance carrier your fee will be the contracted rate.
3. Your signature validates your consent to receive services for yourself and/or child at *Advocate Family Care Network* as deemed appropriate by agency staff.
4. Psychotherapy and counseling are not easily described in general statements. They vary depending on the personalities of the therapist, patient, and the problems that patients have. There are different methods that our therapists may use to deal with problems. Therapy and counseling services need the patient's active efforts and participation in sessions. Therapy and counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects, patients may experience uncomfortable symptoms or feelings like sadness, guilt, frustration, loneliness, stress, and helplessness. While therapy has been shown to have benefits, there are no guarantees of what a patient will experience. The first few sessions will involve an evaluation of the patient's problems and needs. During this time, you and your therapist can both decide if our therapist is the best person to provide the services needed in order to meet your treatment goals. If you have questions about the therapist's treatment procedures, approaches, treatment frequency or length, these should be discussed whenever they arise.
5. Our therapists are often not immediately available by telephone, but patients can leave a voicemail message or page their therapist if the situation is urgent. If you are unable to reach your therapist, but you have an urgent or crisis situation, or if you feel that you can't wait for your therapist to return your call, please call 911 or go to the nearest hospital emergency room. At times we may have other therapists covering urgent calls when your therapist is unavailable.
6. For family therapy sessions and treatment for minors, family members, collaterals, and caregivers will not have confidentiality with other family members regarding their disclosures to therapists (however discretion is used with what may be shared with minors).

FINANCIAL POLICIES - For your convenience, we accept cash, check, money order, and Visa, Discover, MasterCard and American Express credit/debit card payments. We require that each patient or their caregiver *read, sign, and agree to* our *Treatment Agreement & Financial Policy,* which will be given to your therapist at the first session. In addition, our *Insurance Information* Form, which accompanies this document, must also be completed. Your signature on the *Insurance Form* authorizes our Billing Department to file claims for services rendered by Advocate Family Care Network**.** Your insurance benefits are a matter best discussed between you as the enrollee and your insurance company. If you have any questions about your benefits or coverage, contact your insurance company. You should be aware that different insurance plans may permit different amounts of treatment coverage, and benefits may be limited in some cases. Our therapists are available to assist you in finding another provider to continue your treatment in the event that you cannot afford our services or your treatment is not covered by your insurance. If you are using health insurance, you should be aware that most insurance companies require you to authorize our therapists to provide them with a clinical diagnosis. Sometimes our therapists are required to provide additional clinical information such as treatment plans or reports. This information will become part of the insurance company files. AFCN has no control over this information once it is submitted. Patients have the **SELF-PAYMENT** option to pay for our services directly and not to use health insurance.
REGARDING INSURANCE PLANS FOR WHICH WE ARE A PARTICIPATING PROVIDER (In-Network) – **HMO and PPO Plan co-payments are due at the time of service with no exceptions, unless a medical emergency exists**. **Patients with PPO plans will be billed for their deductible and co-insurance payments after our Billing Department receives an explanation of benefits from your Insurance Company. Payment must be paid upon receipt of our statement.** If your plan requires pre-authorization of all visits, we will attempt to obtain the authorization on your behalf. Your insurance policy is a contract between you and your insurance company. *We are not a party to that contract*. Therefore your account balance is your responsibility, whether your insurance company pays or not.
REGARDING INSURANCE PLANS FOR WHICH WE ARE NOT PARTICIPATING PROVIDERS (Out-of-Network) - You are responsible for paying the full fee of $135.00 for the initial visit at the time of service. Appropriate payment is due at the time of service for subsequent visits with *no exceptions,* unless a medical emergency exists. ***You are responsible for charges that are not paid by your insurance carrier.*** Your insurance policy is a contract between you and your insurance company. *We are not a party to that contract*. Therefore your account balance is your responsibility, whether your insurance company pays or not.

RETURNED PERSONAL CHECKS, DECLINED CREDIT CARDS, & SUSPENDED SESSIONS FOR NON-PAYMENT - Personal checks returned to our bank for any reason will incur a $25.00 service charge. If two (2) checks are returned or if your credit card is declined twice, we will require future payments in cash or by money order only. In the event your account is not paid when due, your sessions will be suspended.
CANCELLATION WITHOUT 24 HOUR NOTICE FEE - Unless cancelled *at least 24 hours in advance*, our policy is to charge the client $67.50 for a missed appointment. Be aware that your insurance company will not pay for a missed appointment. This $67.50 fee must be paid prior to your next appointment.

MANDATED ABUSE/NEGLECT REPORTERS, IDHS FOID Mental Health REPORTING, CONFIDENTIALITY ISSUES, & RELEASE of RECORDS
1. Our psychotherapists are mandated reporters of child and elderly abuse and neglect under state law, meaning we are required to report any disclosed or suspected incidents of child or elderly abuse or neglect to the Illinois Department of Children and Family Services' Hotline in accordance with the Abused and Neglect Child Reporting Act.
2. We are required to report to the IDHS FOID Mental Health Reporting System persons that we determine to be a clear and present danger to themselves or others, and if we determine a person to be developmentally or intellectually disabled.
3. Should we discover a client presents a risk of harm to themselves or another person, it may be necessary to disclose confidential information in an attempt to protect the client or alert the person who is in danger of harm. If suicide is a risk, we may, as permitted by law, seek to hospitalize or contact a family member or others to help with protection.
4. To the extent permitted by law our therapists share with parents general progress reports for children and adolescents, and will disclose to parents if the child/adolescent is in an emergency or is at-risk for or is committing potentially dangerous or harmful behaviors.
5. For information related to AFCN's privacy practices and release of patient treatment records, please refer to Advocate Health Care's Notice of Privacy Practices.

MINOR PATIENTS & NON-RESIDENTIAL PARENTS - We expect that the adult who has brought a child in for our services will be responsible for payment of services. We expect the parents of minor patients to work out payment arrangements with each other. We do not provide custody or visitation advice or decisions regarding minors. We require that both residential and non-residential parents of a minor sign our Treatment Agreement form PRIOR to the first session.

Thank you for reading our Treatment Agreement & Financial Policy. Your signature below acknowledges you have been informed of this agency's policies and procedures. Your clear understanding of our policies is important to our professional relationship. Please let us know if you have questions or concerns.

I Have Read, Understand, and Agree to the Provisions of Advocate Family Care Network's Treatment Agreement & Financial Policy.

_____ **Print Name of Patient**

_____ **Signature of Patient - 12 Yrs. & Older**

_____ **Print Name of Parent/Legal Guardian (for minors)**

_____ **Signature of Parent/Legal Guardian (for minors)**

_____ **Print Name of Additional Patient (for family sessions)**

_____ **Signature of Additional Patient (for family sessions)**

Date: _____

_____ **Signature of Non-Residential Parent/Guardian (for minors)**