

MAKRINOS MENTAL HEALTH COUNSELING SERVICES, LLC

FEES FOR INDIRECT SERVICES

At MAKRINOS MENTAL HEALTH COUNSELING SERVICES, LLC, our goal is to provide you with high-quality and cost-effective mental health care. We believe that your needs are best met during office visits, when we can listen to your concerns and discuss your plan of care directly with you. Please take the time to review fees for services that we may provide outside of, or in addition to, your office visit. If there is a hardship, fees may be waived at the discretion of your therapist.

Fee Structure for non-office visit services by providers:

Please note that simple phone contacts or short letters/forms requiring a few minutes of provider time will not be charged to you.

Phone Consult: If you have a serious problem that you need to discuss with your provider between visits, the charge will be \$45 **per each 15 minutes** of time required. This same fee may be charged for phone calls made on your behalf to discuss and/or coordinate your care and treatment with non-MAKRINOS MENTAL HEALTH COUNSELING SERVICES, LLC providers.

Letters and Forms: Such services may include but are not limited to the following: forms or reports required by disability insurance companies, treatment summaries or letters to physicians, schools or non-MAKRINOS MENTAL HEALTH COUNSELING SERVICES, LLC providers. The charge will be \$45 **per each 15 minutes** of time required. Please note that **a minimum of 10 working days is necessary in order to provide adequate time for completion of such paperwork.**

Prior Authorization: A \$20 fee for time spent on each medication requiring a provider to obtain a prior authorization from your insurance company.

What YOU can do to help avoid out-of-office charges:

- Schedule your next office visit with your provider well in advance
- Keep your scheduled appointment with your provider
- Keep track of when you will need refills, and bring this list with you to your office visits with the providers who prescribe your medicines
- Keep track of where you place written prescriptions
- Take your medicines as directed

By signing this document, I acknowledge that I agree by all terms and conditions stated within this document.

Client Name (Print)

Client Signature

Date

MAKRINOS MENTAL HEALTH COUNSELING SERVICES, LLC must verify the identity and authority of Client or a personal representative (a copy of valid photo ID or Driver's License may be requested) Or list attempts that were made to obtain a signature and distribute this form to the Client or personal representative