



## Kimberly Spader, LCSW

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

**Appointment date and time:** \_\_\_\_\_

Date of birth \_\_\_\_\_ Check one: Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing address:

\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Check one: Cell \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_

Email address (for confidential information):

\_\_\_\_\_

### **INSURANCE:**

Name of insurance company:

\_\_\_\_\_

Member ID \_\_\_\_\_

Group #: \_\_\_\_\_

Primary Cardholder: \_\_\_\_\_

Primary cardholder: Date of birth: \_\_\_\_\_

Relationship to patient: Check one: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_



## Kimberly Spader, LCSW

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Email: Kimberlymspader@gmail.com

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### **INFORMED CONSENT: POLICIES & PROCEDURES FOR TREATMENT**

This document explains the policies and procedures for treatment with Kimberly M. Spader, LCSW/Kimberly M. Spader, PLLC. Please review this entire document as it contains information that is very important for you to know.

#### PROCESS & TYPES OF TREATMENT

**Individual Psychotherapy:** Kimberly Spader and the client will work as a team. If the client is a minor, Kimberly will also work with the parent or guardian. Sessions may be conducted with the client, with the client's parent or guardian, or with the client in conjunction with the parent or guardian. If the client is 18 years of age or older, parents may only be involved in the treatment process with the written consent of the client. The written consent requirement also applies to the client's spouse, relatives, significant other, or life partner. The treatment process begins with an initial interview with the client and/or the parent or guardian if applicable. This initial discussion will include developing a treatment plan, treatment goals, and an estimated length of treatment. Subsequently, the treatment plan will be reviewed and discussed with the client to determine whether goals are being met and if treatment is beneficial to the client.

**Consultation:** At times it is beneficial for Kimberly to consult with other individuals, providers, agencies, or schools on behalf of a client. If desired, the client or parent/guardian can request a written summary of the consultation. If a consultation is requested for an individual who is not an established client, an initial interview will be conducted to determine what specific services are needed. In the event of consultation, Kimberly is legally and ethically bound to safeguard the confidentiality of all client

information. There is no guarantee that the individuals or agencies with whom Kimberly consults, as directed by the client, will maintain confidentiality with regard to the client's information.

#### TREATMENT BENEFITS & RISKS

The benefits of treatment include a greater understanding of how various challenges arose, understanding how to address those issues, the reduction of negative feelings and maladaptive behaviors, increased feelings of self-worth, and more positive relationships with others. Although Kimberly has the training and experience to diagnose and treat most psychological issues using evidence-based modalities, there is no guarantee that treatment will be effective for every client. In some cases, Kimberly's professional judgment may dictate that a referral to another professional may be the most appropriate course of action.

#### MISSED APPOINTMENTS & SCHEDULING

If you cannot keep an appointment, please notify our office at least 24 hours in advance so that we can schedule another client for the time that has been reserved for you. Unless we are able to reschedule with shorter notice, you will be charged at the rate of \$25 for appointments missed without notice, or canceled with less than 24-hour notice. There is no charge for appointments canceled due to illness or emergency if the office is notified prior to the scheduled appointment time.

#### CONFIDENTIALITY & LIMITS OF CONFIDENTIALITY

Legal and ethical considerations prevent behavioral health clinicians from divulging information about clients without prior written consent. However, please be aware that there are certain circumstances in which Kimberly will be required to break confidentiality in order to protect you, your child, or others. The circumstances for this exception are:

If a client threatens grave bodily harm or death to another person, Kimberly is required to inform the appropriate authorities and the intended victim.

#### CONFIDENTIALITY & LIMITS OF CONFIDENTIALITY (Continued)

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When a client expresses a serious intent to harm himself/herself, Kimberly is required to notify family members and/or persons authorized to respond to such emergencies in order to protect the client from self-harm.

If there is an apparent reason to suspect that a child or incapacitated adult is the victim of physical or sexual abuse, or a victim of neglect, Kimberly is required to report the information to the appropriate authority.

When a court of law issues a legal order signed by a judge, Kimberly is required to provide the requested information within certain guidelines.

If your insurance company or other third party payer requests information including, but not limited to, diagnoses, reports, recommendations, and/or chart notes, Kimberly will provide said information.

If any of the above situations arise and confidentiality must be broken, Kimberly will discuss this with you in advance when possible, unless there is a reason to not do so. Additionally, only situation-specific information will be released.

### BUSINESS POLICIES

Our experience has been that counseling and psychotherapy are most effective when expectations regarding fees, billing, insurance, reimbursement, and cancellation policies are understood by all parties in advance. Please review the information below, and feel free to ask for further clarification.

### GENERAL FEES

There is a sliding scale available for clients who are financially eligible, please ask to see the sliding scale worksheet to assess for eligibility.

### INSURANCE

Health plans vary widely in their mental health benefits, and most plans have both yearly and lifetime benefit limits. Further, many “managed care” plans periodically review your symptoms or progress in therapy and may markedly restrict the number of sessions authorized for insurance payment. It is your responsibility to familiarize yourself with the authorization procedures, reimbursement rate, limitations, and specific provisions of your health policy, although we will be happy to help when we can if there are questions. Keep in mind that even if you have insurance, you are the one who is ultimately responsible for payment of your bill. This is true even if the insurance company withdraws authorization for services after the services have been performed. Verification of insurance benefits is not a guarantee of coverage

or payment on the part of the insurance company. We cannot take responsibility for negotiating settlements of any disputes with your insurance company. If your insurance coverage changes, it is your responsibility to notify Kimberly prior to your next appointment so your benefits can be verified.

If Kimberly is an in-network provider with your insurance company, at the time of visit, you must pay the co-pay/co-insurance/deductible amount determined by your insurance company. Our billing service will file claims with your insurance company for services provided. In the event that the explanation of benefits (EOB) received reflects client responsibility that differs from the information obtained during the verification of benefits process, any overpayment made by you will be applied to future services, or under special circumstances, the overpayment will be refunded to you.

If Kimberly is NOT an in-network provider with your insurance company, you will be asked to pay for all services in full at the time services are rendered. Our billing service will file claims with your insurance company for services provided and any reimbursement from your insurance company will be issued directly to you in accordance with your out of network benefits.

#### PAYMENT

Payment for the client responsibility portion of your bill (the “co-pay/co-insurance/deductible/private pay”) is due at the time services are rendered, for an initial visit, a \$50 copay is collected and once insurance has been billed, either bill will be sent to client for the amount not covered or a refund will be offered. If this is not possible, discuss the situation with us to see if alternative arrangements can be made. Services may be discontinued if fees remain unpaid for an extended period of time. Forms of payment accepted: cash, check, credit card, or PayPal. A fee of \$30 will be assessed to you for a returned check.

#### ADDITIONAL SERVICES

There is a \$25 fee for completion of short forms and letters, such as letters to insurance companies for the justification of diagnosis, evaluation, treatment, or information for IEP planning. Lengthy letters or forms will be billed at \$150 per hour. Payment must be received before the letters or forms will be distributed. In most, cases, Kimberly will not be able to complete forms or write letters the same day as requested; in some instances, there may be a 7 day turnaround period for the completion of the forms or letters. However, she will make every effort to be as prompt as possible in fulfilling

#### ADDITIONAL SERVICES (Continued)

your request. There is no charge for business calls, i.e. making/rescheduling appointments, questions about account balances, insurance etc. Other calls will be timed and the billing pro-rated based on a fee of \$150 per hour. This fee must be paid at the next appointment. Kimberly does not perform court related services. In the event that court services are required, fees are charged for travel time, record review, and telephone calls, in addition to time away from the office related to court proceedings. The hourly rate for court related services is \$250 with a minimum charge of 4 hours for time required out of the office. Insurance does not cover court related services, so payment is required in advance.

#### MEANS OF COMMUNICATION

Please understand that Kimberly will not interrupt sessions with clients to address telephone calls, so you may reach her voicemail or scheduler when calling the office. Kimberly discourages telephone calls to discuss therapy related issues, but if something determined to be urgent arises, you will be responsible for professional time on telephone calls. If you have an issue that will require more than 15 minutes, an appointment must be scheduled. Kimberly is not available for emergencies after office hours.

## **ACKNOWLEDGEMENT OF POLICIES & PROCEDURES**

It is very important that you have read (or had read to you) and reviewed this form carefully to understand all of the office procedures and policies regarding Kimberly M. Spader, LCSW/Kimberly M. Spader, PLLC treatment.

Your signature below indicates that:

You have had sufficient opportunity to read and understand this document.

You have asked Kimberly Spader to clarify anything that you did not understand.

You understand that this document applies only to the policies and procedures for treatment with Kimberly Spader.

You give Kimberly Spader your consent to provide treatment to you or your child.

Printed Name of Client: \_\_\_\_\_ Client Date of Birth: \_\_\_\_\_

Client Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

Guardian Signaure: \_\_\_\_\_

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

### Office Use Only

My signature below indicates that I have answered any questions posed by the client/parent/guardian. I believe that this person understands all of the issues discussed in this document, and I find no reason to believe that this person is not fully competent to give informed consent to treatment.

\_\_\_\_\_

Kimberly M. Spader, LCSW/Kimberly M. Spader, PLLC

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

# **Sliding Fee Scale**

## **Guideline Summary**

- Sliding scale fees are offered to all consumers in accordance to the Sliding Scale fee requirements, who do not have a funding source for services.
  - Consumers at Level 3 pay 100% of charges
  - Consumers on Level 2 receive a 25% discount
  - Consumers on Level 1 receive a 50% discount

Discounts apply to any amounts due from patients

## **Determining Eligibility for Discounts**

- Kimberly must collect income/family size information from all patients as part of the Usual registration process
- Clients who decline to provide this information are not eligible for a discount
- Clients without required documentation can be given a grace period to turn it in

## **Discount Eligibility Application**

- Discount Eligibility Form is separate from Patient Registration Form
- Form must be completed upon initial registration & updated annually
- Form should include language that explains application of information
- Family size is self-defined & does not have to be restricted to those listed as dependents on IRS forms
- Define income on application
  - Required proof of income if employed (one of the following): 1040 or W-2, two recent pay stubs, or written statement by employer if available at time of screening.
  - Required proof of address (one of the following): driver's license, any document (envelope) recently addressed to patient such as a utility bill, or a written statement by relative or friend with whom patient lives



# Sliding Fee Application Form

## Fee Determination Data Sheet

Date of Intake \_\_\_\_\_ Patient Name \_\_\_\_\_ Record # \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Name of wage earners in household \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Place of employment \_\_\_\_\_

Occupation/Trade \_\_\_\_\_ No. of Family Members \_\_\_\_\_

Combined Annual Household Income \_\_\_\_\_

Documents provided by patient to prove income \_\_\_\_\_

Other consideration(s): \_\_\_\_\_

\_\_\_\_\_

The Financial/Intake Counselor has explained the consumer/family financial responsibility. The guardian percentage of payment from the sliding scale from Kimberly's full fee is \_\_\_\_\_ % based on the guardian's current income and family size. One year period of eligibility starts on \_\_\_\_\_.

The guardian will need to be re-determined for this program on the anniversary date which is \_\_\_\_\_ (one year from eligibility date). The guardian understands that they must bring in more current documentation at the point of their annual anniversary. It was explained that the fee schedule has already been discounted by the agency according to agency standards and will not be discounted any further.

Fees are paid prior to or up to within 30 days of the service.

Fee Schedule prior to sliding scale adjustment:

\$175/\_\_\_\_ 90791 Diagnostic Evaluation  
\$120/\_\_\_\_ 90832 Psychotherapy, 30 Minutes  
\$130/\_\_\_\_ 90834 Psychotherapy, 45 Minutes  
\$140/\_\_\_\_ 90837 Psychotherapy, 60 Minutes  
\$140/\_\_\_\_ 90846 Family Psychotherapy (without patient present)  
\$140/\_\_\_\_ 90847 Family Psychotherapy (with patient present)  
\$ 25/\_\_\_\_ Missed Appointment or Late Cancellation Charge  
\$ 60\_\_\_\_ 90853 Group Psychotherapy  
\$175\_\_\_\_ 90839 Psychotherapy for crisis, first 60 minutes  
\$120\_\_\_\_ 90840 Crisis "add-on" code, each additional 30 minutes after  
90839