BAKERS Counseling Services, LLC
12 Fairfield Road, Ste. B3
Beaufort, SC 29907
Phone: (843) 379-1003 – Fax: (843) 379-0700

TeleHealth Services Office Policy

Payment Policies

1) We request that clients notify Licensed Professional Counselor and/or Office Manager about a cancellation at least 48 hours. **See cancellation policy below**.
2) **Payment is expected on the same day services are rendered**.
3) **Acceptable methods of payment are check, credit card and PayPal payments**; you do not have to have a PayPal account to use any of these methods. **We require all TeleHealth Services client to place a credit card on file for payments.**
4) **GoPayment receipts for credit card payment can be emailed or sent via text message.** Should you desire to receive credit card receipts via this method, you acknowledge and understand that some electronic communications are not HIPAA compliant and contain minor personal information such as your name, date of service, and payment amount with our office.
5) Account balances that are not paid on the day of service will be turned over to an outside collection agency for collection, and your **account will be charged an additional processing fee of 35% of the unpaid balance**.

Appointment Reminders

1) We will send an appointment reminder via email, text, or phone.

Social Media Policy

1) Please review the four (4) page Social Media Policy on our website. It highlights BAKERS Counseling Services and clients not being "friends online" interacting with clients online, and client's public Google Reviews towards the practice/office/company.

Filing Health Insurance Claims

We are an "in-network provider" for several health insurance plans and employee assistance programs (EAP). Currently, we are participating with Aetna, Evernorth/Cigna Healthcare, Tricare Select, Tricare Prime, Tricare 4 Life, BlueCross BlueShield of South Carolina, State Health Plan, Federal Employee Program, Optum/UnitedHealth Care (***along with Medicare Advantage***), CHAMPVA (we will supply a SuperBill), Coventry Health Care/First Health, ValueOptions, Catasys Integrated On Trak, ComPsych EAP, WellSpan EAP, and **Original Medicare**.

We will bill or file the claim directly to the insurance company on your behalf. Please note, you are responsible for the co-payment on EACH visit and if you have not met the deductible, you will also be responsible for it as well.

Please keep in mind if you are using your EAP benefits, these sessions are covered through your health insurance, and it will be free of charge to you. Your EAP sessions are allotted for the approved amount of sessions from the insurance company.

Cancellation Policy

If you fail to cancel your scheduled appointment within 48 hours of the scheduled time, your account will be billed $50.00. Please keep in mind this is a charge to you, and it will not be billed to the health insurance. The health insurance does not pay for missed appointments. Please remember, calling ahead and leaving a voice message counts.

Please note when a client(s) no show or cancel without 48-hour notice 3 (three) times that BAKERS Counseling Services with send a closing notice to assist client(s) with locating a new professional counselor.

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Medical Emergencies
A medical emergency is a situation where you think you are a threat to yourself or to others. Parents and/or legal guardians for minor children, if you feel your child is a threat to him/herself, please do not hesitate, **call 911**! **Our office hours are 10 am to 4pm Monday through Friday.**

We also need to know the location where the telehealth services will take place. And implement a safety plan should you require additional services when a trained professional is not physically there with you.

I have read, understand, and agree to the information and policies that are outlined in this office policy for BAKERS Counseling Services, LLC.

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1st Client Print Name

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1st Client Sign Name **Date**

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Collateral Contact w/ couple's counseling Print Name

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Collateral Contact w/ couple's counseling Sign Name **Date**
For Couples Counseling/Collateral Contact gives permission for information to be released if requested.

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Parent/Legal Guardian Print Name

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Parent/Legal Guardian Sign Name **Date**
For Individual Counseling for Minors

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Catreace S. Brown-Baker, Licensed Professional Counselor & Co-Founder
Thomas W. Mullins, Licensed Professional Counselor (Independently Contracted)
Gabriel A. Baker, Licensed Professional Counselor & Co-Founder
Brittany R. Aiken, Licensed Professional Counselor (Independently Contracted)
Aneko G. Baker, Office Assistant

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BAKERS Counseling Services, LLC Staff Print Name

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BAKERS Counseling Services, LLC Sign Name **Date**