



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

## **Masters Level Office Policy**

### **Payment Policies**

- 1) We request that clients notify Licensed Professional Counselor and/or Office Manager about a cancellation at least 24 hours. **See cancellation policy below.**
- 2) **Payment is expected on the same day services are rendered.**
- 3) **Acceptable methods of payment are cash, check, credit card and PayPal payments;** you do not have to have a PayPal account to use any of these methods.
- 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 e-mail and other electronic communications are not HIPAA compliant and contains 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.**

### **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, Cigna, Great-West Healthcare, Tricare Standard, Tricare Prime, BlueCross BlueShield of South Carolina, State Health Plan, APS Healthcare, Medicaid, Coventry Health Care/First Health, ValueOptions, MHN EAP, ComPsych EAP, Diakon Inroads EAP, Employer’s Choice Network EAP, Palmetto EAP, WellSpan EAP, First Sun EAP, and EAP Consultants, Inc.

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 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 24 hours of the scheduled time, your account will be billed \$30.00. 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 24 hour notice 3 (three) times that BAKERS Counseling Services will 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 9 am to 6pm Monday through Friday.**

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

\_\_\_\_\_  
**1<sup>st</sup> Client Print Name**

\_\_\_\_\_  
**1<sup>st</sup> Client Sign Name** **Date**

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**2<sup>nd</sup> Client Print Name**

\_\_\_\_\_  
**2<sup>nd</sup> Client Sign Name** **Date**

*For Couples Counseling/2<sup>nd</sup> client gives permission for information to be released if requested.*

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\_\_\_\_\_  
**Parent/Legal Guardian Print Name**

\_\_\_\_\_  
**Parent/Legal Guardian Sign Name** **Date**

*For Individual Counseling for Minors*

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**Catreace S. Brown-Baker, Licensed Professional Counselor & Co-Owner**  
**Gabriel A. Baker, Licensed Professional Counselor Intern & Co-Owner**  
**Thomas W. Mullins, Licensed Professional Counselor (Independently Contracted)**  
**Courtney D. Humes, Licensed Professional Counselor (Independently Contracted)**  
**S. Peyton Kitchen, Licensed Professional Counselor (Independently Contracted)**  
\_\_\_\_\_, **Office Assistant**

\_\_\_\_\_  
**BAKERS Counseling Services, LLC Staff Print Name**

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