

14000 Crown Court, Ste. 101
Woodbridge, VA 22193
Phone # 703-396-7215
Fax # 571-285-5686

9720 Capital Court, Ste. 302
Manassas, VA 20110
Phone # 703-396-8618
Fax # 571-364-8913

7130 Heritage Village Plz, Ste. 102
Gainesville, VA 20155
Phone # 571-921-4812
Fax # 703-743-1688

6800 Backlick Road, Ste. 300
Springfield, VA 22150
Phone # 703-310-7449
Fax # 866-295-9344.

19451 Deerfield Ave, Ste. 101
Leesburg, Virginia 20176
Phone # 571-921-4812
Fax # 703-743-1688

SERVICE AGREEMENT

OUR SERVICES:

Youth For Tomorrow offers a broad scope of mental health counseling services on an outpatient basis to children five and up, adolescents, adults, families, and couples. Our services are designed to meet the needs of individuals and families from diverse backgrounds who may benefit from outpatient assessment and treatment. We diagnose and treat children, adolescents and adults with a variety of problems including depression, anxiety, attention deficits and other behavioral problems. YFT-BHS is also able to serve children under 5 years of age. For approval to start the intake process, to make sure that we have therapists with availability, and who are able to meet the therapeutic needs of these younger children, these cases will be staffed on an individual basis with the Assistant Vice President of Programs.

GENERAL OFFICE PRACTICES:

- **Emergencies**

Please note that Youth For Tomorrow Behavioral Health Services is not an emergency service. If you are experiencing a mental health emergency, please call 911 or go directly to the nearest hospital emergency room.

- **Confidentiality**

This means that your name and any information about you will not be discussed with anyone without your and/or your guardian's permission. There are three exceptions to confidentiality that are important for you to understand before you share information with your therapist in session. (1) By law, all suspected abuse and/or neglect of a child or dependent adult must be reported; (2) Action must be taken if it is assessed that the client is a danger to themselves or others; (3) It is possible that client information/records will be released if court ordered.

- **Policy of Minors in Treatment**

All clients under eighteen years of age are considered minors, and parent(s)/legal guardian(s) will sign an informed consent for the treatment of all minors. If at any time the therapist assesses that there is a high risk that the minor may seriously harm him/herself or another person, then the Youth For Tomorrow Behavioral Health Services therapist will notify parents/legal guardians immediately of the concern.

- **Contact/Communication with Therapist**

You may reach your therapist about general issues, and scheduling sessions by calling your therapist directly. Please be advised that calls received after business hours will be transferred to your therapist's confidential voicemail. Please include your name and number, and your therapist will return your call as soon as possible. In order to protect your confidentiality, your therapist will not use email or text to communicate with you. Please also be advised that our therapists are not available after business hours or during weekends and will not be able to respond to you until the next business day.

- **Document Request and Fees**

There will be a charge for requested documents that require clinical staff completion for outside purposes. There is a ten business day turnaround time for all documents to be completed from time of request submission. Please take into account any documents submitted prior to a weekend or holiday will require an additional business day. Requests should be submitted to Mikka Sturdivant at (703) 659-9881. All fees for services must be paid in full upon document pickup.

- Less than 10 pages there is no charge
- 11 to 50 pages is \$.50/per page
- 51 and up is \$.25/per page
- Fees include completion and faxing if required

- **24-Hour Cancellation Policy:**

Youth For Tomorrow Behavioral Health Services is committed to providing therapeutic services to the community. When you schedule an appointment with our office, you are asking a professional to hold a specific block of time for you. In order to efficiently serve the community, we have instituted a 24-hour cancellation policy. Any missed appointments, cancelled appointments, or appointment changes within less than 24 business hours will result in a \$50 fee being charged to your account. The fee will not be billed to your insurance company. Failure to comply with these terms may result in referral to an alternate service provider.

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- **No – Show & Late Arrival Policy:**

It is the responsibility of every client to notify their provider by calling the appropriate office location as noted above. If there is no notification of cancelation within at least 24 hours of the scheduled appointment, you will be charged a **\$50 no-show fee**. This fee will not be billed to your insurance company but will be your responsibility to pay. Punctuality to your scheduled appointments (counseling and/or medical) is essential. There will be a 10-minute grace period allowed for 45 min to 60 minute appointments. If a client is over the 10-minute allotment they will be required to reschedule for another day, and the fee will apply.

- **Court Appearances/Other:**

It is the policy of Youth For Tomorrow Behavioral Health Services not to testify in court unless subpoenaed. Fees for court appearances (including preparation and travel time) and court reports will cost \$130.00 per hour and Youth For Tomorrow Behavioral Health Services. Court costs are not generally insurance reimbursable. This policy applies regardless of the party pursuing the subpoena.

MEDICATION MANAGEMENT

- Youth for Tomorrow's medication management is an additional service available for active therapy clients whose assigned therapist recommends this service. In order to receive medication from YFT Behavioral Health Services, clients must be willing to follow their therapist's minimum recommended level of service. Clients who have not attended therapy appointments for a period of 30 days will be discharged from Youth for Tomorrow and given referrals to other local providers.
- Clients must be physically present for all medication management appointments in order to receive their prescriptions. Prescriptions will not be mailed. All prescriptions must be picked-up by the client, or the client's legal guardian if the client is a minor.
- To ensure confidentiality and safety the prescriptions will ONLY be given to you by the psychiatrist, nurse or therapist.
- If a client cancels or misses a medication management appointment, a prescription will not be provided. All clients must come to the next scheduled appointment unless other arrangements have been approved by the psychiatrist.
- All appointment cancellations must be made with at least 24 hours' notice of the scheduled appointment in order to avoid the \$50.00 cancellation fee.

POLICIES AND FEES:

IF YOU HAVE MEDICAL INSURANCE:

- We will file claims to Medicaid, if applicable, or your private medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office on the Financial Resources Form is accurate and current. If there is a change in insurance information please let us know immediately. With the exception of Virginia Medicaid, we do not submit requests to secondary insurance companies.

DEDUCTIBLES, CO-PAYMENTS AND COINSURANCE:

- Co-payments are constant and **due at the time the service is rendered**. Coinsurance and deductibles vary for each insurance policy and we can only approximate the percentage covered by each plan. Payment of the estimated portion is due at the time of service. Any uncollected coinsurance and or deductibles will be billed when notification is received of the amount.

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AUTHORIZATIONS:

- A copy of your insurance card is required at the time of the initial service. For all private insurance other than Medicaid, the card is descriptive and indicates whether an authorization is needed. Often times for private insurance, the behavioral health benefits are under a separate company and we must contact them to verify the necessity of an authorization. If a copy of the card is not on file at the initial service and the claim is denied for "no authorization", you will be responsible for the payment.
- If services are being obtained under Medicaid and said services were used with a previous provider we will need the previous provider's information to verify the number of sessions remaining, and whether a new Medicaid authorization is required.

PROVIDER COVERAGE:

- Each private insurance company has multiple plans. We may participate with your insurance company, but not your particular plan. Please contact your insurance company to verify that the provider you are seeing is appropriately covered. It is your responsibility to verify coverage for your plan.
- If the insurance company denies the claim for a plan provision, you will be responsible for the balance.
- If not obtaining services under a Medicaid benefit, private medical insurance coverage is a contract between you and your insurance company. We are not a party to this contract. We will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. other than to supply factual information as necessary.

You are ultimately responsible for the timely payment for services provided.

IF YOU DO NOT HAVE MEDICAL INSURANCE:

- If you do not have mental health insurance coverage the rates listed below are the out of pocket cost for our various services.
- Out of Pocket Rates:

Counseling Sessions	
Initial Intake Appointment	\$150
Individual Counseling – 30 minutes	\$70
Individual Counseling – 45 minutes	\$85
Individual Counseling – 60 minutes	\$130
Family Counseling without client present	\$80
Family Counseling with client present	\$95

Psychiatric Sessions	
Initial Psychiatric Evaluation	Ranges from \$100-\$150 dependent on severity & time
Medication Management – Moderate to Severe	\$100
Medication Management – Limited	\$65

- A reduced cash rate can be requested if you are uninsured. Each therapist has two sliding scale spots and approval is dependent on availability of these slots. If there are reduced rate slots available, your request will be submitted to, and processed by, Youth For Tomorrow's financial department to determine if you qualify for reduction. Proof of income must be submitted before reduced rate will be processed. Reduced rate may vary due to client's circumstance but lowest fee allowed is \$50.

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PAYMENT METHODS AND OTHER INFORMATION:

- We accept cash, check and Visa, M/C, American Express and Discover.
- **Any balance that is left unpaid for over 30 days is subject to a \$10 late fee.** This late fee will be applied to any unpaid account every month until balance is paid in full.
- Accounts that are past due will be turned over to our collection agency and reported to the Credit Bureau.
- Accounts that have statements returned with no forwarding address will be charged \$10 and turned over to our collection agency.
- There may be times when an invoice will be mailed to your address on file. Payment for an invoice should be mailed to our **Youth For Tomorrow Business Office, 11835 Hazel Circle Drive, Bristow, VA 20136.** Questions regarding an invoice for services can be addressed by contacting the Business Office at (703)695-9878.

Note: In situations of divorce, separation, court orders, etc. the party initiating treatment will be financially responsible for the account.

We are committed to providing you with the best possible care and we are willing to discuss our professional fees at any time. Your clear understanding of the Financial Agreement as stated above is important to our relationship. Please ask if you have any questions about our fees, Financial Agreement or your financial responsibility.

I _____ (Client or Parent/Legal Guardian/ Caregiver) acknowledge that I have read and agree to the above Service Agreement and Policies & Fees

 Client Signature

 Date

 Parent/Legal Guardian/ Caregiver Signature

 Date

 YFT Staff Signature/ Credentials

 Date