

# JULIE CROUCH TROUTT, LCSW

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## **Policies and Memo of Understanding**

Appointment Scheduling: Please contact me via email, text, or phone call to schedule and change appointment times. Office hours are Monday thru Friday from 8:00 a.m. to 5:00 p.m. The time of your scheduled appointment is reserved exclusively for you. If you miss an appointment or cancel an appointment within 24 hrs of the appointment time, a \$35.00 fee will result. When a charge is made for a missed appointment, it is not billed to your insurance carrier. The cancellation fee is your responsibility and must be paid at the time of your next appointment.

Client rights/responsibilities: You have the right 1) to be treated with respect, 2) to receive quality service, 3) to privacy, and 4) to be educated about how therapy works, how long therapy typically lasts, and all available treatment options. You are responsible for 1) taking an active role in your therapy, 2) keeping your appointments, 3) paying for services rendered, and 4) informing the office of cancellation/reschedule needs at least 24 hours in advance.

Treatment Plans: I will develop a treatment plan after your first visit, and I will discuss it with you during future appointments. Your input into this process is helpful. The number of meetings required to reach goals, to reduce symptoms, and to effectively change behaviors can vary greatly and depends upon multiple factors. Both counselor and client have the right to end therapy at any time.

Emergencies: If you are experiencing a life threatening emergency, call 911 or go to your nearest Emergency Room. You may also call The Crisis Center at 888-274-7472. If you have a critical need to talk with me after hours, you can call my office line at 405-586-4054

Payment and fees: Payments and Copayments are due in full at the beginning of session. I will do my best to ensure that you receive the full benefit of your insurance and that treatment is affordable. Rates are \$200 for intake session, and \$150 per session thereafter. If you do not have insurance, or if you have trouble meeting your copays, I will work with you on a payment plan. If the deductible has not been met, you are responsible for full payment of services. For those patients with a balance on their account, a monthly bill will be mailed to you. Please pay this bill either at your next session or by mailing your payment to the office. If “final notice” has been written on your most recent bill, please understand that until your balance has been clear, I cannot schedule your next appointment.

Support Staff: Billing staff is part of your treatment team; they have access to your medical records, please use them to discuss any billing issues you might have. At times it may be necessary for this support staff to contact you by mail, e-mail, phone, or text messaging regarding your appointment times, your outstanding balance or any insurance issues. Please notify me if there is a specific way you wish to be (or NOT to be) contacted.

Records: If you need to see your records from my office, you may submit a written request and I will have them available to you within 2 business days. You will need to pick them up in person from my office and will need to sign a waiver to release records (and have that signature witnessed) before I can release the records to you.

I have read the above Memo of Understanding.

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