# Fee Agreement

**Intake Interview, Individual Therapy, Initial Psychiatric Evaluation, and Medication Management**

## Fee Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Time</th>
<th>Total Charge</th>
<th>Co-pay if using UC Student Health Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Consultation</td>
<td>1 hr</td>
<td>no charge</td>
<td>no charge</td>
</tr>
<tr>
<td>Individual Therapy</td>
<td>1 hr</td>
<td>First three (3) sessions per fiscal year are at no charge. At the fourth (4) session charge is $35.00</td>
<td>First three (3) sessions per fiscal year are at no charge. At the fourth (4) session charge is $7.00</td>
</tr>
<tr>
<td>Psychiatric Evaluation</td>
<td>1 hr</td>
<td>$60</td>
<td>$12</td>
</tr>
<tr>
<td>Psychiatric Medication Management</td>
<td>30 min</td>
<td>$60</td>
<td>$12</td>
</tr>
<tr>
<td>Group Screening</td>
<td>30 min</td>
<td>no charge</td>
<td>no charge</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>1.5 hrs</td>
<td>no charge</td>
<td>no charge</td>
</tr>
<tr>
<td>Case Management</td>
<td>Varies</td>
<td>no charge</td>
<td>no charge</td>
</tr>
<tr>
<td>Substance Use Program</td>
<td>Varies</td>
<td>$150.00 (Tier 3)</td>
<td>$150.00 (Tier 3)</td>
</tr>
<tr>
<td>ADHD/Learning Disorder &amp; Psychological Assessment (*)</td>
<td>Varies</td>
<td>$500 per comprehensive assessment</td>
<td>$100 per comprehensive assessment</td>
</tr>
<tr>
<td>Missed Session Fee (&lt; 24 hrs notice)</td>
<td></td>
<td>$25</td>
<td>$25</td>
</tr>
</tbody>
</table>

The fees we charge at CAPS go into a university account to help operate the center. Fees are due at the time of service. We accept cash, checks, and credit cards (Visa, Master Card, and Discover, American Express). If you miss individual therapy, group screening, case management, or any psychiatry appointment without giving 24 hours’ notice, we will charge you a missed session fee of $25.00. Insurance companies will not pay such charges. If you incur a balance on your account, we may suspend therapy until you pay the amount due or work out a payment plan with us. For any questions about fees and charges, including if you believe you cannot afford the charges for missed sessions, please contact the Program Manager at 556-0648.

Your health insurance may cover a portion of the fee for our services. It is important that you get information about your plan to understand how it works and what is covered as soon as possible to avoid financial misunderstandings. For additional information, go to Fees and Insurance on our website. We also have a Health Insurance Worksheet to help you determine your coverage.

For Student Health Insurance (SHI), the mental health benefit covers outpatient treatment, including therapy, medication visits, psychological assessment, etc. An initial deductible is waived by the insurance company for this setting, and your co-pay is $12. We bill the insurance company for their portion of the charge (80%). You are responsible for the co-pay amounts listed above.

For students with other health insurance, your plan may not cover services at CAPS because we are not in its health maintenance organization (HMO) or preferred providers (PPO) network. Alternatively, it may cover services from CAPS at a much lower rate than professionals in its network, and it may require that you be pre-certified for services by the company or referred by a physician to start therapy. Plans may limit services to 20, 10, or even fewer sessions a year. They may also have pre-existing condition clauses. We will follow the rules of your insurance company in charging you a deductible and co-pay. You may find, however, that it is considerably more affordable to find a mental health provider through your insurance company. If you have in-network mental health coverage, but choose not to use it, you are responsible to pay the entire session fee out of your own funds.

For students without mental health insurance of any kind, you are responsible to pay the entire session fee out of your own funds. CAPS accepts cash, checks (made out to University of Cincinnati), and credit cards. If you demonstrate financial hardship you may be eligible for a reduced fee of $20.00.
Students who have waived fees or reduced fees for services cannot apply these rates towards ADHD testing.

Please Indicate Your Insurance Status (check only one)

____ UC Student Health Ins.  ____ Other mental health ins.  ____ No mental health ins.

If self-pay, amount is $______

Please Read and Initial After Each Statement

I understand that I am required to use my mental health insurance (Student Health Insurance or Other Health Insurance) if I am on an active policy ________.

I understand that I am required to follow the terms of my insurance plan in paying deductibles, co-payments and any other requirements________.

It is my responsibility to know my insurance benefits. I have received a Health Insurance Worksheet (available on CAPS website) to help me gather relevant information about my insurance plan______.

I understand that I am responsible for monitoring my insurance payments to CAPS and that I am responsible for all balances not paid by my insurance company______.

CAPS will notify you if you have an unpaid balance. The notice will include services rendered, the amount due, and a deadline for payment. It is your responsibility to make arrangements with CAPS to pay your balance______.

I understand I will be charged a missed session fee of $25.00 if I do not give 24 hours’ notice of my need to cancel or reschedule the initial consultation, individual therapy, psychiatric evaluation, psychiatric consultation, medication management, group screenings, and case management appointments______.

I understand that all fees for CAPS services are waived for students with Medicaid or Medicare, students who are current recipients of a Cincinnati Pride Grant or a Pell Grant, and students who are veterans; and students who have experienced a campus related sexual assault or who are respondents of related sexual assault. However, the $25.00 missed session fee (see above) will apply______.

I understand that it is my responsibility to notify CAPS in advance of any change to my insurance plan or company, or to my address or telephone number______.

If using a credit card to pay for services, I understand that the transaction will appear on the monthly credit card statement as UNIV CINTI CAPS ________.

Students with no mental health insurance (or no out-of-network coverage) are responsible to pay the full session fee out of their own funds. (See fee schedule on reverse side) ________.

Students who have no mental health insurance of any kind and demonstrate financial hardship may be eligible for a reduced fee of $20.00______.

I have been provided a list of community mental health providers in the event that I choose not to use the CAPS services ________.

I authorize CAPS to release personally identifiable health information about me and my treatment to my managed care or insurance company as may be reasonably necessary for coverage determinations and payment. I understand that I may revoke this authorization, to the extent that CAPS has not taken action on it, by providing 30 days advance notice in writing to the Counseling & Psychological Services, 225 Calhoun St Suite 200, Cincinnati, Ohio 45219.

_________________________________    ______________
Signature                          Printed Name                 Date

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