

Mills Consulting & Psychotherapy

12100 Singletree Lane, Suite 116, Eden Prairie, MN 55344

P: 612-226-3600/F: 952-920-8095

Treatment and Fee Policy Form

Education and Training: Thomas Mills, MA, LP has a B.A. in Speech Communications from Bethel College, M.A. in Counseling from Liberty University. Internship training done at Fairview Southdale Outpatient Mental Health Center. 15 years of experience working with children, adolescents, and adults in agency, hospital and private practice settings. Areas of specialization and training include: Sexual, Emotional, and Physical Abuse; Trauma and Post Traumatic Stress Disorder; Personality Disorders; Addictions; Parent Training; Anger Management; Cognitive Restructuring; Spiritual Abuse; Social Skills Training; Depressive Disorders; Anxiety Disorders; Obsessive Compulsive Disorder; Personality Disorders; Sexual Addiction; Bipolar Disorders; Relationship Issues. Thomas Mills, MA, LP is licensed by the State of Minnesota as a Psychologist.

Confidentiality: Please understand that what you say is CONFIDENTIAL and will be discussed with other people only with your written permission (except in medical emergencies, under a court order, or as required by law, i.e. mandatory child abuse reporting, and vulnerable adult abuse reporting or for the purpose of consultation or supervision). If there is a clear intention to do serious harm to self or to another person, information will be shared in an attempt to prevent that harm from occurring. Information regarding services provided to minor children can be given to parents on request as a matter of state law. If a minor child is seen, issues regarding confidentiality will be discussed with the parents.

Cancellation Policy: Cancellation for any reason requires 48-hour business day notification or 50% of full session fee will be charged. If a cancellation is made within 24 hours of your appointment, the full fee will be charged. (Note: Insurance cannot be billed for late cancels and no-shows.)

Consultation: Though an independent practitioner, to provide you with the best possible service, Thomas Mills, MA, LP engages in on-going consultation with other mental health professionals. When discussing patients in these forums, confidentiality is strictly maintained.

Crisis Situations: If you are in a crisis and wish to call after hours (past 9 PM on weekdays, weekends and holidays) please call the Crisis Connection at 612-852-2231. When immediate attention is required for life threatening situations, please call 911 or go to the emergency department at the nearest hospital. (Please leave a voicemail to notify me where you have been admitted.)

Fees, Phone Calls and Reports: Fees are \$160 for the initial diagnostic session, \$120 for 45-50 minute individual/family sessions, and \$60 per session for group therapy. Full payment is due at the beginning of the therapy hour. Fees charged for phone calls, letters and reports after the first 10 minutes are billed at a prorated \$120 per hour rate. All payment, including co pays/co-insurance, late cancel/failed appointment fees and unpaid claims from your insurance company are due prior to or at the time of service or your appointment will be rescheduled for a time after payment is received. Return check fee is \$35 and a fee of \$15 will be charged for any late payment.

Insurance and Bookkeeping: Thomas Mills, MA, LP may use the insurance billing and bookkeeping services of Jessica Mennenga at Locale Billing Services when appropriate. If Locale Billing Services are used to process your claims, by signing below you authorize permission to release any necessary medical information to Locale Billing Services. Because of the wide variety of insurance plans available, guarantee cannot be made that any particular company will provide payment for services that you receive. *If your insurance company does not cover the services you receive, you are still fully responsible for the amount due.*

Along with giving consent to therapy, I understand and agree to the policies stated above.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____