Silver Lining Counseling Services LLC
Elizabeth Ross LMFT LPC
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Colorado Springs, CO 80921
Phone: 719-339-4179
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Payment Policy: All checks for services should be made out to Silver Lining Counseling Services, LLC (a stamp is available). There is a $35 charge for returned checks. I may work on a sliding fee basis that is pre-determined and agreed upon before services begin. Service charges include a $150 initial assessment fee, $150 fee for a 60 minute session and $175 for a family session. Court testimony is charged at a rate of $250/hour at a minimum rate of $600. This includes testimony and related matters like case research, report writing, travel, depositions, actual testimony and cross examination time and courtroom waiting time.

Sessions: Sessions are approximately 60 minutes in length. Cancellations must be called in at least 24 hours in advance to avoid being charged (48 hours is preferable). Missed appointments are charged at a rate of $150. Please be aware that insurance companies do not cover these costs.

Insurance Reimbursement: If your insurance requires pre-authorization in order to cover the cost of counseling it is your responsibility to obtain it. Your insurance company is billed through my billing services, CPM Business Group, LLC. On occasion, Carol or Robyn my contact you regarding billing and/or services. Please work with them when contact is made. Please feel free to contact them if you have any questions regarding billing, 719-634-2561.

I understand that I am legally responsible for payment for psychotherapy services, if for any reason, my insurance company, HMO, third-party payer, etc. does not compensate my therapist. I also understand that signing receipt of this form gives permission to my therapist to communicate with the insurances company, HMO, third-party payer or anyone connected to my psychotherapy funding source. I acknowledge, if necessary, unpaid bills could be turned over to collections.

There are no insurance companies that I am currently a provider for. Sometimes insurances companies will provide a single case agreement to a provider or approve out of network benefits It is the responsibility of the client to get these authorizations.

Families/Couples Therapy: I understand my therapist holds a "no secrets" policy. All members of the couple or family system are treated equally. Secrets are not kept by the therapist that REQUIRE differential or discriminatory treatment of family members. I understand that any information shared in individual therapy may also be shared in couple or family therapy to insure this "no secrets" policy. Signing this disclosure statement affirms permission to share this confidential information.

Services: I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are above my level of competence or outside my scope of practice, I am legally required to refer, terminate, or consult. If, for any reason, you are unable to contact me by phone (719-339-4179) and you are having a true emergency please call 911 or Aspen Pointe crisis hotline at 719-635-7000 or check yourself into the nearest emergency room.

Client/Legal Guardian Signature Date

Therapist Signature Date