

East Haven Counseling & Community Services

POLICY ON FEES AND COPAYMENTS

East Haven Counseling & Community Services, or EHCCS, is a department of the town of East Haven and depends on fees and insurance payments as the major source of funding.

We accept Medicare, Medicaid (Husky), and most private insurance carriers. We are NOT in network with Cigna and Aetna.

For those without insurance or for those with insurance we do not accept, the cost per session is what we charge the insurance companies: from \$150 to \$225. We do not turn any East Haven resident away because he/she cannot afford to pay, and the EHCCS Board of Commissioners has set a reasonable sliding scale of fees.

The bookkeeper will work with the client to set the sliding fee. The sliding scale is based upon two considerations: the verified earning or income of the individual and/or family and the number of family members who are supported by the income.

Please note that COPAYS ARE FEES SET BY INSURANCE COMPANIES AND CANNOT BE ALTERED OR CHANGED BY EHCCS OR THE BOOKKEEPER. If necessary, the bookkeeper can work with the client to devise a payment plan.

All clients are expected to pay the fee/copay **PRIOR** to the clinical session. The payment is to be made, **by cash or check only** (WE DO NOT ACCEPT CREDIT, DEBIT OR ATM CARDS). If you pay by check and it is returned for insufficient funds, we will charge you a service fee of \$35.

If a client does not pay at the time of his/her session, then the unpaid balance and the current charge must be paid at the next scheduled appointment.

Also, please be aware:

- **IF YOUR INSURANCE CHANGES IN ANY WAY, WE NEED TO KNOW ASAP.** Many insurance plans require authorization. If we provide the service without authorization, you could be charged the full fee of \$150.
- If you are on a “spend down” we need to know. We will bill you and you can use those bills to reduce the “spend down” amount.
- We need to know of any changes to your address, phone number or employment.
- If you have Medicaid and/or Title 19 **you are responsible for completing a redetermination every 6 months. If you do not return the paperwork to DSS within 10 days** once you get the letter **you will lose insurance and all of your benefits.**

If you have any questions, you may speak to your clinician during your session, or you may call the bookkeeper during regular business hours.