



# NORTHWEST COUNSELING CENTER, LLC

DR. BOB BAKKO, LCPC, CCMHC, PC • GWEN FELTEN, MA, LCPC, PC • DENNIS MURI, LCSW, LAC  
LORINNE BURKE, MMFT, LCPC, PC • DUSTIN LEHMAN, MS, LCPC, LMFT

Date \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ Living With \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Minor \_\_\_\_\_  
Partner First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_  
My Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
My Home Phone \_\_\_\_\_ My Cell# \_\_\_\_\_ Other \_\_\_\_\_  
Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Employer \_\_\_\_\_

## IF PATIENT IS A MINOR

Parent/Guardian: First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Referred by: \_\_\_\_\_ Physician: \_\_\_\_\_

## INSURANCE OR PAYMENT INFORMATION

Fee for Service: Agreed Amount \_\_\_\_\_ Assigned Payee \_\_\_\_\_  
Primary Insurance Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Insured Person's Name: \_\_\_\_\_ Insured Date of Birth \_\_\_\_\_  
Insured Person's SSN or ID# \_\_\_\_\_ Group/Policy # \_\_\_\_\_  
Relationship to Patient \_\_\_\_\_ Insured Employer \_\_\_\_\_  
EAP Insurance Name: \_\_\_\_\_ Authorization #: \_\_\_\_\_ No. Sessions \_\_\_\_\_

I have read the office policy regarding billing, appointments, and fees on the back page. I authorize the release of any medical or other information to process my claims. I understand that insurance may or may not cover part or all of my charges. I authorize payment of my insurance to be paid directly to the provider. I am responsible for all charges not covered by insurance and any fees that I may incur. In the unfortunate circumstance that we are forced to send your bill to collections, a 30% surcharge will be added to cover the added costs. I authorize this for myself or any minor children that I am signing for.

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Email: \_\_\_\_\_ Dx Code: \_\_\_\_\_

*All Providers of Northwest Counseling Center are Independent Practitioners*

OFFICE LOCATION:  
1597 AVENUE D, STE. 7  
BILLINGS, MT 59102

406.259.6161  
(F) 406.259.5588  
INFO@NWCC-MT.COM

## **\*Office Policy for Billing & Appointments\***

Each licensed therapist is independently incorporated thus responsible for billing and record keeping for their own clients.

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We individually outsource our billing accounts. We will submit the billing and will send you a statement of your account when you have a balance due. MedWrite (Bob, Lorinne, Dennis and Dustin) can be reached at 406-655-0980 for any billing questions. Queen Bee Billing (Gwen) can be reached at 406-672-7802

### **PAYMENT RESPONSIBILITY:**

***As a client I acknowledge that I am ultimately responsible for all charges not covered under my insurance, EAP, or Managed Care Plan including psychological testing, letters, phone calls, emails, court proceedings and all co-payments. I understand there will be a charge for No Shows and or unexcused cancels without 24 hour notice.***

- **SUPERVISION:** We may utilize confidential group or individual supervision with other independent practitioners as necessary.

### **List of Customary Charges:**

- The customary fee for the initial interview is \$225.00. Individual sessions \$185.00 for Dr. Bakko and \$165 for others and or the allowed billable fee established by your health insurance/ managed care plan. A billable session includes all administrative time even if that happens outside of your session. Family counseling, couples counseling or group counseling, all have different rates. High deductible insurance policies will be handled as fee for service.
- Any required co-payments, fee for service, or health savings accounts will be made at the end of your session. We can accept most credit and debit cards, HSA, checks or cash.
- ***You will be billed for missed appointments without 24 hour notification or "no shows".*** ***Exceptions are illness or other immediate crisis, but notification needs to be provided ASAP.***
- We charge a set fee for other professional services such as, psychological assessments, testing, reviewing testing, report writing, treatment summaries, phone conversations lasting over 10 minutes, attendance at meetings or consultation.
- There are other established charges for specific psychological testing, parenting evaluations, Violence Risk Assessments, forensic evaluations or other court ordered evaluations.
- Court proceedings are billed at \$275/hour with a 3 hour minimum charge. This includes all subpoenaed activity i.e. depositions, file reviews, and court appearances. Since we have to clear out our schedules to appear, you will be charged even if we are not called to testify. We require 72hours notice for cancellations without charge on any appearance or deposition.
- We are willing to travel for depositions and court appearances. Our bill for this service will include any needed hotel stays and all meals plus travel time at \$75/hour.
- Attorneys often want to speak with us. We will have you fill out a Release of Information (confidentiality) first. This will apply whether your attorney wants to speak with us in person, by phone, or any written form of communication. All attorney communications are charged at the same rate. \$200/hour with a 15 minute minimum.
- We realize that there are letters and calls that will fall into our regular duties. We ask that these be kept to a minimum so that we can spend more time with our clients. When there are excessive requests for letters, phone calls, emails, etc, we will begin to charge for each of these. Your therapist will discuss this with you and you will be notified before the charges begin. All phone calls longer than 10 minutes will be charged for at a rate of \$100/hour.
- If your bill is too large to pay for a given month, please ask your provider about a payment plan.
- Equine Assisted Psychotherapy: Payment arrangements are different as Bob will bill his normal fee for Psychotherapy via your insurance (co-pay is patient responsibility); also, a fee of \$50.00 (check/cash only) is made out to Chinook Horses for the Equine Specialist for each session. Insurance does not cover the equine specialist.