MPB Group, Inc.

An Outpatient Mental Health Clinic

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◆ (fax) 1-866-371-5933 ◆ www.mpbhealth.com

I. ADVANCED DIRECTIVE FOR MENTAL HEALTH SERVICES:

I am 16 years of age or older and have been given the opportunity to be educated about and/or make an advance directive for mental health services. This directive includes a directive regarding provision of health care, withholding or withdrawal of life-sustaining procedures or appointment of an agent to make healthcare decisions for me.

Please initial your preference regarding Advance Directive for Mental Health Services:

_____ I am not interested in more information at this time.

_____ Please provide me with an Advance Directive for Mental Health Services form to be completed.

_____ _____ _____

Print full name Client Signature Date

II. EXPLANATION OF CHARGES, FEES AND PAYMENT SERVICES:

Rates are based on individual contracts with insurance companies. For self-pay, the following are a list of fees:

- Intake Assessment: $250.00
- Individual Therapy: $125.00
- Family Therapy: $135.00
- Couples Therapy: $135.00
- Group Therapy: $40.00
- Psychiatric Evaluation: $250.00
- Medication Management Appointment: $75.00
- Home-Based Services (same as above plus an additional $10.00)

Payment of co-pays/fees are expected prior to the delivery of services. An invoice reflecting cash payments can be provided on the 2nd and 4th Friday of each month (per request). Payment is accepted in the form of cash or charge only. No personal checks are accepted.

I authorize MPB Group, Inc. to apply for benefits on my behalf for covered services rendered. I request payment from my insurance company be made directly to MPB Group, Inc.

I understand that MPB Group does not accept clients who have dual insurance. If I am found to have dual insurance (coverage by two insurance companies - I.e. Medicaid and Medicare), I understand that I will be responsible for payment of services.

_____ _____

Client Signature Date