MICHELLE LISKA
THERAPY

Michelle Liska Therapy, PLLC

Michelle L. Liska MSW, LMSW, SHCP
Michigan Trained Psychotherapist—Sexual Health Therapist
Mill Point Building
101 East Bacon Street (Suite 201)
Hillsdale, MI 49242
Partnership Park Chiropractic Office
401 South Mechanic Street
Jackson, MI 49201
Phone: (517) 414.7749
mliska3@comcast.net
michelleliskatherapy.com

Welcome!

I am a Licensed Master of Social Worker (LMSW) in the state of Michigan, and an alumna of The School of Social Work at The University of Michigan, Ann Arbor. I completed my undergraduate studies at Hillsdale College, Hillsdale, Michigan, where I completed a Bachelor of Arts Degree cum laude in Sociology and German. I have over thirty years of experience empowering my clients through therapy. Most commonly, I work with mental health issues such as anxiety and sexual health. I offer individual and couples therapy sessions.

I hold multiple certifications and facilitator credentials, including in the National Acupuncture Detoxification Association (NADA) protocol, *Personal Action Toward Health* (PATH) and *Diabetes-Specific PATH* (a Stanford University Chronic Disease Self-Management Program--CDSMP), and *Hungerwise* (an intuitive eating program). I am qualified to make assessments regarding guardianship for cognitively and developmentally impaired individuals, substance abuse assessments, driver's license reinstatement assessments, and fit-for-work assessments. I completed the Sexual Health Certificate Program from the University of Michigan, Sex Therapy track, in 2017. I am an LGBTQIA affirmative therapist, and I promote a sex positive culture.

Practice Policies and Procedures

CONSENT TO TREATMENT

I agree that I am freely seeking counseling services of my own accord. I agree that I have received information pertaining to my rights including the right to privacy of my medical information. I agree I have reviewed information on Health Insurance Portability and Accountability Act (HIPAA) and have had the opportunity to have any questions answered on how this office protects my confidential information.

FINANCIALS

Fees for Services effective April 1, 2022:
Initial sessions are 1 hour in length; all subsequent sessions are 50 minutes in length

Initial session fee:	$300.00
Fee per individual sessions*:	$225.00
Marital or Couples sessions (60 min):	$250.00
Marital or Couples sessions (61-90 min):	$325.00

**Please note additional fees apply for longer sessions or sessions with additional members attending.*
Report generation $ 55.00 per 15 min
**Requests for reports or chart copies require up to 2 weeks to complete*
Guardianship Assessment $600.00 (base)
Substance Abuse/Other Assessments $400.00 (base)
A $50.00 service charge will be charged for any checks returned for any reason for special handling.
An annual cost of living increase to service fees is implemented at the start of each calendar year.

I understand it is my responsibility to be aware of what is covered under my insurance policy. I will receive an Explanation of Benefits (EOB) each time I use my insurance and this documentation will show the amounts my insurance paid and the amounts for which I am responsible.

When I verify my insurance coverage, I will be told that it is not a guarantee of payment. Any problems or disagreements with my insurance carrier should be addressed directly with my insurance company before calling Michelle Liska Therapy, PLLC.
Any dispute regarding my coverage is between me and my insurance company.

Financial statements regarding my account will be generated from Southern Michigan Billing Services (SMBS) and I will receive statements directly from that office. Should I have any billing concerns, I may contact Michelle Liska Therapy PLLC at any time at the address or phone number listed above or contact Marge Scharp directly at SMBS (517.523.3695).

ELECTRONIC COMMUNICATION

Michelle Liska Therapy PLLC cannot ensure the confidentiality of any form of communication through electronic media, including text messages. You may communicate via email or text messaging for issues regarding scheduling or cancellations. Michelle Liska will aim to return messages in a timely manner, but no guarantee is given regarding immediate response. Michelle Liska requests that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. Services by electronic means, including but not limited to telephone communication, Internet (including telehealth video platform such as Psychology Today Sessions, doxy.me or VSee), facsimile (fax) machines, and e-mail is considered telemedicine. If you and Michelle Liska Therapy PLLC chose to use information technology for some or all of your treatment, you need to understand that: (1) you retain the option to withhold or withdraw consent at any time; (2) all existing confidentiality protections are equally applicable; and (3) there are potential risks, consequences, and benefits of telemedicine which may include improved access to therapy as well as decreased ability for clearer clinical observations relevant to treatment course.

CLINICIAN AVAILABILITY

If you need to contact Michelle Liska Therapy PLLC between therapy sessions, please leave a message via the phone number listed above (voicemail or text), or via the email address listed above. Michelle L. Liska is often not immediately available; however, Michelle L. Liska will attempt to return your call within the next business day. If a true emergency arises, please call 911 or report directly to any local emergency room.
*****In the event of inclement weather or health-related quarantines, you are welcome to change your scheduled in-person appointment to a telehealth format to avoid incurring a late cancellation fee for a scheduled service.*****

COURT

Please be advised that Michelle Liska Therapy provides guardianship assessments and testimony as well as various forms of substance abuse assessment reports and fit-for-work clinical assessments. At no other time will Michelle Liska Therapy PLLC offer an opinion or recommendation in any other court matter, especially pertaining to child custody.

LICENSURE

Michelle L. Liska is a Licensed Masters Social Worker (LMSW) by the State of Michigan Department of Licensing and Regulatory Affairs (LARA), 2501 Woodlake Circle, Okemos, Michigan 48864 (517.241.6470).

GOOD FAITH ESTIMATE

Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

Provider Estimate
Provider name: Michelle Liska Therapy, PLLC
Provider/facility type: Outpatient psychotherapy
Addresses:

- Mill Point Building,101 East Bacon Street, Suite 201, Hillsdale, Michigan 49242
- Partnership Park Chiropractic, 401 South Mechanic Street, Jackson, Michigan 49201

Contact person: Michelle L. Liska, MSW, LMSW, SHCP—Michigan Trained
Phone: 517.414.7749
Email: mliska3@comcast.net
National Provider Identifier (NPI): 1720017106
Organizational National Provider Identifier (Type 2 NPI): 1518572593
Taxpayer Identification Number (TIN): 85-2322300

Details of Services and Items for Michelle Liska Therapy, PLLC:
Individual Psychotherapy Session, 50-minutes, 90834 Current Procedural Terminology (CPT) service code,
$225/session
Family Psychotherapy Session, 50-minutes, 90847 Current Procedural Terminology (CPT) service code,
$275/session
The following is a detailed list of expected charges. The estimated costs are valid for 12 months from the date of the Good Faith Estimate:
Individual therapy clients:

- Depending on severity of symptoms, changes in life circumstances, vacations, holidays, emergencies, and sick time, in addition to the first individual psychotherapy session at $300 per session for intake, you may need between 24 and 48 weekly individual psychotherapy sessions of 50 minutes each this year. At $225 the estimated total costs are between $5,700 and $11,100.

For family therapy clients:

- Depending on severity of symptoms, changes in life circumstances, vacations, holidays, emergencies, and sick time, in addition to the first family psychotherapy session at $300 per session for intake, you may need between 24 and 48 weekly family psychotherapy sessions of 50 minutes each this year. At $275 for family psychotherapy the estimated total costs are between $6,900 and $13,500.

Disclaimer
This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

- To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call HHS at (800) 368-1019.
- For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.
- Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

ASSIGNMENT AND RELEASE

I, the undersigned, hereby authorize the release of any financial, clinical or medical information necessary for the processing of insurance benefits or any other forms of payment due to Michelle Liska Therapy PLLC. I understand I am financially responsible for any deductible or co-pay not covered by my medical insurance. I understand I am responsible for payment of any co-pay amount due at the beginning of the therapy session. **A one-week notice prior to any scheduled appointment (for psychotherapy and/or for auricular acupuncture) must be given to Michelle Liska Therapy PLLC for cancellations or I will be charged a $75.00 service fee. I understand if I am more than 15 minutes late to my scheduled therapy session and if I have not contacted Michelle Liska Therapy PLLC regarding my late arrival, Michelle Liska reserves the discretion to consider my appointment cancelled**. I understand that it is not the responsibility of Michelle Liska Therapy PLLC to assure that I have insurance coverage for services rendered; if, after services are rendered, it is discovered by Michelle Liska Therapy PLLC and/or her billing agency that my insurance does not cover said services, I will be solely responsible for payment of services rendered. I understand Michelle Liska Therapy PLLC is not able to negotiate a reduced rate for a set insurance co-pay amount due to her for services rendered per insurance law. I understand that if I fail to pay my bill, this agency may take action ranging from suspending therapy, small claims court and/or turning my account over to a collection agency. I agree to pay any fees associated with attempts to collect debt on my behalf. I understand that a photocopy of this document is to be considered as valid as the original document.

THANK YOU for choosing me to be your provider, and I look forward to serving you!

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS OUTLINED IN THIS DOCUMENT. A COPY OF THESE POLICES AND PROCEDURES IS AVAILABLE FOR MY REFERENCE AT MICHELLELISKATHERAPY.COM UNDER THE "RESOURCES" TAB.

_____ _____

Client Printed Name

_____ _____

Client Signature/Signature of Parent or Guardian

_____

Date

CLIENT REGISTRATION

Today's Date:	Phone: Text OK? Y/N
Patient name:	Date of Birth:
Street address:	City, with Zip:
SSN#:	Email address:
Marital status:	Gender:
License or State ID#:	Emergency Contact name & phone:
Employer name & phone:	Employer address:

INSURANCE DETAILS

Primary Insurance (ex: Blue Cross Blue Shield):	
Card Holder SSN#:	Primary Insured Name:
Policy #:	Card Holder Date of Birth:
Group #:	Customer service phone:
Relationship to Patient:	Employer:
Secondary Insurance:	
Card Holder SSN#:	Primary Insured Name:
Policy #:	Card Holder Date of Birth:
Group #:	Customer service phone:
Relationship to Patient:	Employer:

CREDIT CARD ON FILE AGREEMENT

By providing us with your credit card information, you are giving us permission to automatically charge your credit card on a weekly, monthly, or as needed basis for the amounts due for services rendered (including, but not limited to insurance co-pay amounts, insurance deductibles, missed or late cancel session fees). These amounts match the patient's responsibility amounts as determined by your insurance company and are reflected on the Explanation of Benefits (EOBs) from your insurance company.

ANY CANCELED OR MISSED APPOINTMENTS WITHOUT A ONE WEEK PRIOR NOTICE WILL RESULT IN THE CREDIT CARD ON FILE BEING CHARGED THE LATE CANCELLATION/NO-SHOW FEE OF $75.00.

If the credit card information we have on file changes for any reason, you must notify us as soon as possible. If you have any questions about a charge, please notify us within 15 business days. After 30 days, all charges will be assumed to be correct.

We will maintain clear records of all payments and charges. However, in the rare case that an overpayment occurs, your account will be credited on the upcoming invoice. If you have a credit on your account, and you have taken a break from therapy and/or completed your treatment course, a reimbursement will be mailed to you. A receipt will be sent to you from Square (our credit card processing company). You will also receive a paid invoice from us showing your payment.

In the event of a declined charge, you will be asked for a new credit card number and/or for payment before continuing treatment sessions.

I HAVE READ AND UNDERSTAND THE CREDIT CARD ON FILE AGREEMENT AND AUTHORIZE MICHELLE LISKA THERAPY PLLC TO CHARGE MY CREDIT CARD AS STATED ABOVE.

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX □ Other _____
Cardholder Name (as shown on card):
Card Number:
3-Digit security code:
Expiration Date (mm/yy):
Billing ZIP Code associated with this card:
Provide a cellular phone number OR email address for a receipt:

I have read and understand the Credit Card Authorization Form and authorize Michelle Liska Therapy PLLC to charge my credit card above for the amount due for professional services received. I understand that my information will be saved to file for future transactions on my account.

_____

Customer signature Date