



Client _____

**PREFERRED CARE COUNSELING
FINANCIAL AGREEMENT**

If you have medical insurance:

We will file claims to your medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office on the patient information form is accurate and current. If there is a change in insurance information please let us know immediately. We will submit to secondary insurance as long as we are given the correct information and we are notified that you would like this service is done.

Deductibles, Co-Payments, and Co-Insurance:

Co-Payments are constant and due at the time services are rendered. Co-Insurance and deductibles vary for each insurance policy and we can only approximate the percentage covered by each plan. Payment of the estimated portion is due at the time of service.

Authorizations:

A copy of your insurance card is required at the time of the initial service. Often times, behavioral health benefits are under a separate company and we must contact them to verify the necessity of an authorization. If a copy of the card is not on file at the initial service and the claim is denied for “no authorization”, you will be responsible for the payment.

Provider Coverage:

We are able to provide you with our list of providers who participate with your insurance company. However, we are not responsible for ensuring that our provider is covered under your particular plan provision. Each insurance company has multiple plans. The provider may participate with the insurance company, but not your particular plan. Please contact your insurance company to verify that the provider you are seeing is appropriately covered. It is ultimately your responsibility to verify coverage for your particular plan. If the insurance company denies the claim for a plan provision, you will be responsible for the balance.

Medical insurance coverage is a contract between you and your insurance company. We are not a party to this contract. We will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, “usual and customary” charges, etc., other than to supply factual information as necessary. You are ultimately responsible for the timely payment of your account.

Payment methods and other information:

We accept Cash, Check and major credit cards.
Accounts can be set up on payment plans if necessary at no additional cost.
Accounts that are past due will be turned over to collection agency and reported to the credit bureau.
All late cancellations and no shows will be billed \$30 automatically (\$30 first occurrence, full fee thereafter.)
We require 24-hour notice in advance to avoid charges.

We are committed to proving you with the best possible care and we are willing to discuss our professional fees at anytime. Your clear understanding of our Financial Policy is important to our relationship. Please ask if you have any questions about our fees, Financial Policy or your financial responsibility.

I acknowledge that I have read and agree to the above financial policy.

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Witness _____