



Billing Acknowledgment Form

I AGREE TO PAY AS SERVICES ARE RENDERED IN THE FOLLOWING MANNER:

- I will pay the contracted fee at each visit. (Sliding scale & direct pay clients)
- I will pay the co-payment or percentage as required by my insurance company, with in 30 days of invoicing.
- Payment will be covered by an outside agency. Name of agency: _____

Preferred Billing Method (Circle one): Auto Payment Phone call Email Mailed Paper Copy

If client is a minor, please state which is parent is primarily responsible for billing: _____
 If cost sharing, specify payment arrangements: _____

INSURANCE BILLING

Please fill out both primary and secondary insurance information below.

**Please list all forms of insurances, use separate form if needed.*

Primary Insurance Information:

Name of Insurance: _____
 Name of Policy holder: _____
 Policy Holder SSN (Tricare only): _____ - _____ - _____
 Policy holder Birth date: _____
 Primary Insurance ID#: _____
 Insurance Group #: _____
 Name of Client: _____
 Client's birth date: _____
 Relationship to Policy holder: Self/ Spouse/ Parent /Other

Secondary Insurance Information:

Name of Insurance: _____
 Name of Policy holder: _____
 Policy Holder SSN (Tricare only): _____ - _____ - _____
 Policy holder Birth date: _____
 Primary Insurance ID#: _____
 Insurance Group #: _____
 Name of Client: _____
 Client's birth date: _____
 Relationship to Policy holder: Self/ Spouse/ Parent /Other

GENERAL CONSENT TO COUNSELING

I authorize treatment for myself or for my minor child including evaluation, treatment and/or referral. I understand that I am financially responsible, regardless of insurance, for payment.

No show/cancellation fee: *Clients may be charged up to the therapist's standard fee for cancellations made with less than 24 hour notice or for failure to show for an appointment. Note: This charge is not covered by insurance.*

I have read the *Informed Consent and Fee Policy*, and I understand and agree to adhere to the policy described.

Print name of Parent/Guardian, if client is a minor: _____

Print Client Name: _____

Signature : _____ Date: _____