



Compassion Centered Counseling

MENTAL HEALTH BENEFITS AND PAYMENT FOR PSYCHOTHERAPY SERVICES

We are happy to provide the benefit of filing PRIMARY INSURANCE ONLY for our clients. The following information needs to be completed before the initial appointment. If benefits have not been checked before the initial appointment, the client will be responsible for paying the full contract rate for their insurance company. Many insurance companies will pay for a portion of outpatient mental health services. You should check with your insurance company representative to find out specific requirements and limitations of this coverage. Payments for services received through Compassion Centered Counseling are ultimately your responsibility. **If your insurance company requires that outpatient mental health services be preauthorized, it is your responsibility to initiate the reauthorization process, i.e. contacting your primary care physician, insurance company, or a third party "gate keeper". Failure to obtain required preauthorization for outpatient mental health services will result in you being held 100% responsible for all charges.**

PRIMARY INSURED INFORMATION

Name _____
Address _____
City/State _____ Zip _____
Date of Birth _____ SS# _____ (must complete to file insurance)
Employer _____

MENTAL HEALTH BENEFITS ARE DIFFERENT FROM MEDICAL BENEFITS

Insurance Company _____
Mental Health Company (if different) _____
Phone# _____ Person You Spoke to _____
Do you have a deductible? _____ How much? _____ Has it been met? _____
Co-pay amount or % you have to pay? _____
Number of visits allowed per year _____
Do you need a pre-cert or authorization number? _____ Number _____
Start Date _____ End Date _____ Total # of sessions authorized _____

A Copy of Your Insurance Card will need to be provided on your first office visit.

CREDIT CARD ON FILE AND ACCOUNT BALANCE FOR CLIENTS

We are committed to providing you with exceptional care, as well as making our insurance billing processes as simple and efficient as possible. Recent shifts in the healthcare industry have resulted in insurance companies increasingly transferring costs to our clients, you, the insured. This is driving many practices to adopt new financial policies to enable more efficient operational processes. Some insurance plans require deductibles and co-payments in amounts not known to you or us at the time of your visit.

To streamline our billing and payment system and to provide a seamless, convenient way for clients to pay their bills, Compassion Centered Counseling will require all clients to keep an active credit card on file with us. We will bill your insurance company first and upon their determination of benefits, we will only charge your credit card when they inform us of client responsibility.



Compassion Centered Counseling

I allow Compassion Centered Counseling to keep my signature on file and to charge my credit card account for the following:

1. Balances of charges not paid within 30 days, but not to exceed \$300.00.
2. Cancellation fee if an appointment is missed or not cancelled within 24 hours.

If my card is declined for a no-show fee, I understand that the fee must be paid within 7 days or all future appointments I have scheduled will be cancelled.

Cardholder Name _____

Type of Card _____ Account # _____

Expiration Date _____ CVV # _____

Signed By _____

Date _____

If the credit card I have on file for you changes, please notify us IMMEDIATELY by phone or email. It is not uncommon for people to change or cancel their credit cards for various reasons, including when a credit card expires. That is quite understandable. If we run your credit card and it is denied for any reason, we reserve the right to cancel all future appointments you have scheduled if the fee is not paid within 7 days. We will contact you or leave you a phone message on the phone number you provided for us, asking you to give us a call with the new number right away. We will enter the new credit card number into your file, and that will become your new card on-file, subject to the same financial policy as the card you gave previously.

We understand that there are legitimate reasons that you may not have a credit card. If this is the case, you are welcome to leave an HSA (Health Savings Account) or Flex Plan Card on File. You may also pay for the visit with cash or a personal check. There is a \$25.00 charge on all returned checks.