

# Clark Counseling & Consulting, Inc

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## Insurance Reimbursement

**Primary Insurance** (Secondary insurance will not be billed by the service provider)

Client's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Member ID #: \_\_\_\_\_

Employer of Policy Holder: \_\_\_\_\_ Group #: \_\_\_\_\_

This agreement is entered into for therapeutic services rendered by Aletha Clark, LPC, CAC II to said client \_\_\_\_\_ . The fee for therapy sessions are \$150. This is with the understanding that the above stated insurance company will be billed for all sessions after the client has satisfied their deductible of \$\_\_\_\_ and/or their co-pay of \$\_\_\_\_. The provider agrees to hold above stated insurance company liable for all charges and will make all efforts to collect payment. However, the client will be held responsible for payment if charges are denied or disputed, and your credit card on file will be charged the balanced. In addition the client is still responsible for informing the provider of any known changes in status that would affect their insurance company's willingness or ability to pay for services. If there is a dispute regarding said services, the client is expected to converse with their insurance company about any disputed charges.

I further understand that regular attendance to therapy is vitally important to ensure progress with the concerns and issues that I have been presented. **I understand that if I need to cancel an appointment, I must call my therapist at 404-550-0564 at least 24 hours prior to the time of my appointment.** If I do not cancel or show up for an appointment, then I will be charged \$50 missed appointment fee since insurance does not reimburse for missed appointments. If a credit card is on file, please note, your credit card will be charged immediately for a missed appointment or an appointment canceled less than 24 hours. For EAP clients, since EAP programs do not allow us to charge for missed / late canceled appointments, any late canceled or missed appointments will result in discharge from services. If a check is returned, then I must pay the therapist \$25.00 to cover the cost of the returned check.

The client should also be aware that your contract with your health insurance company requires that the therapist provide it with information relevant to the services that are provided to you. The provider is required to provide a clinical diagnosis. Sometimes the provider is required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, the provider has no control over what they do with it once it is in their hands. The provider will provide you with a copy of any report submitted, if you request it. By signing this Agreement, you agree that the provider can provide requested information to your carrier. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above [unless prohibited by contract].

\_\_\_\_\_  
**Signature of client (or person acting for client)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name**

I, the therapist, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_  
**Therapist: Aletha Clark, LPC, CPCS, MAC, CACII**

\_\_\_\_\_  
**Date**

**Insurance Reimbursement 1**