

REGARDING INSURANCE

(Please indicate your agreement by providing your initials for each section. Thank you.)

_____ Please allow us to educate you about using your insurance Mental/Behavioral Health benefits. If you choose to use your insurance for counseling, you must contact your company prior to your first visit. Not necessarily Lanier Counseling Services, but the individual counselor you want to see will have to be an approved provider for your particular insurance company. This is no different than the doctor you see for your major medical benefits. Give us a call (770-271-9442) and we can share that information with you. Not all of our counselors accept the same insurance. Most insurance companies will want to pre-authorize a number of sessions. Please bring with you your insurance card, the information regarding number of approved sessions, and the "Authorization Number" they provide you. Please remember, it has been our past experience, that occasionally even with the prior-approval and an Authorization Number that some companies may still reject the claim. Their statement is that Authorization does not guarantee payment. The agreement you have with the insurance company is an agreement among the two of you. Your bill with Lanier Counseling Services is ultimately your responsibility, regardless of their actions. You may very well be required to first meet an annual deductible, and have a co-pay amount due at each session.

_____ As a reminder, we want to alert you that many times utilizing your Mental/Behavioral Health Insurance benefits is like having a third outside party in the room with us while you discuss sensitive topics. They reserve the right at any time to review our notes about things you discuss in order to justify the claim. The insurance company will also require us to provide a diagnosis for you or a family member from the Diagnostic and Statistical Manual of Mental Disorders. Clinically and ethically we must provide accurate coding. This information becomes part of the insurance company file and may be reported to a national medical information data bank. We cannot foresee how this diagnosis may impact you in the future in regard to disclosure on items such as life insurance applications, other health insurance applications, or applications for a number of other items. It is for these reasons that we keep our rates competitive and many clients bypass their insurance and pay out-of-pocket. This way, we are bound by confidentiality (except to be released as required by law) and can not disclose to others unless you inform them and authorize releases of information.

_____ We will work with your insurance company as a courtesy to you. The bill remains your ultimate responsibility. If your insurance company is slow to pay (in excess of two months) or does not pay, we will look to you for payment in full.

_____ If at least 24 hours notice is not given, you will be charged for missed appointments. This fee cannot be billed to your insurance. Unfortunately true emergencies arise. We will depend on your honesty and work with you if at all possible.

Printed Name: _____ **Date:** _____

Signature: _____