



Financial Information Form
Version 8, effect. April 19, 2020

If you have health insurance, it may pay for a part or all the cost of your treatment here. Please complete the information requested below regarding your insurance coverage.

*Client's name: _____ Birthdate: _____

If the patient is a dependent or spouse to primary policy holder:

Insured's/policy holder's name: _____

Employer: _____ SS# _____

Date of Birth: _____ Phone # _____

*Insurance Company: _____

ID# _____ Group # _____

Do you have a deductible? Circle: Yes or No

If "yes", what is your deductible: _____ has it been met? _____

What is your co-pay or co-insurance? _____

Will Still Waters Counseling be using your in-network benefits or out-of-network benefits? _____

*For those who do not know if they have a deductible or do have a deductible, Still Waters Counseling will collect \$100.31-\$132.50 at the end of your session. Once the explanation of benefits is received from insurance, you will either have a credit on your account or be refunded the difference if "client

responsibility” is less than the amount collected. If the “client responsibility” is more than the amount collected, the difference will be due on your account.

*Fees: Below is a chart of Still Waters Counseling, LLC Fees:

Services	Rate
Initial Intake (First) Session- 55 min (53-60 min) Individual or Family	\$155
Session- 55 min (53-60 min)- Standard session after initial intake	\$132.50
Session- 45 min (38-52 min)	\$115

Financial Policies

*There will be a \$40 missed appointment fee issued to the client if 24-hours notice is not given of the cancellation. Insurance will not reimburse this missed appointment fee.

*Scheduled and unscheduled phone sessions, consultations with third parties, report writing, working outside of the office including appearance in court, and testing administration/scoring/interpreting are billed at \$135 per hour and/or pro-rated at \$2.25 per minute. Counselor will collect the estimated amount due prior to any report writing. If the time spent is different than expected, client will refund or collect the difference.

*Still Waters Counseling collects the full amount that is due at the end of each session. If you have a balance on your account for any reason (with the exception of having a payment agreement attached to this form) you will have 30 days from the date you receive your first statement to pay the balance in full. If unpaid after 30 days, you will be charged a 5% finance charge, which will be added to your next statement. After 60 days from the original statement date, if your balance has still not been paid in full, an additional 5% finance charge will be given. After 90 days of an unpaid balance, an additional 5% finance charge will be given and you will be notified via mail of your balance being sent to collections.

*If your insurance company denies payment to Still Waters Counseling for the appropriate date of service, you will be responsible for the full fee. The exception to this is if Still Waters Counseling does not submit a claim to your insurance company within 90 days of the date of service.

*If your balance exceeds \$95 at any point, therapist has the right to postpone treatment until balance is below the \$95 threshold. (This does not include pending insurance claims).

D. Financial Agreement:

-I give this office permission to release any information obtained during treatment of this client that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or myself.

- I understand that I am responsible for all charges, regardless of insurance coverage.

-I hereby assign medical benefits, including those from government-sponsored programs and other health plans, to be paid to the therapist above. Medicare regulations may apply. A photocopy of this assignment is to be considered as good as the original.

I have read and agree to the terms of the above "Financial Information Form."

Client (or parent/guardian) signature, indicating agreement to all statements above in Financial Information Form, Version 8, April 2020

Date

Credit Card Authorization

To improve the efficiency of patient payments, Still Waters Counseling, LLC., asks clients to leave credit card information and charge authorization. This is similar to the policies of many other healthcare industries. Your credit card information will be held securely to the standards of federal guidelines that protect against identity theft.

Your credit card will be charged at the end of your session for any applicable session fees as reflected on your signed financial info form. (i.e. co-insurance, co-payment, deductible, or non-admin. rate fee) Your credit card will be charged for missed appointments and late cancellations on the date of the missed appointments.

I understand that if my card declines, Still Waters Counseling, LLC., may put my VISA, DISCOVER, AMERICAN EXPRESS, HSA, or HRA card through on another day when the funds become available. I authorize Still Waters Counseling, LLC., to charge any outstanding charges on my VISA, DISCOVER, AMERICAN EXPRESS, HSA, or HRA card for my sessions including co-payments, co-insurance amounts, failed appointments/late cancellations charges and outstanding balances.

Patient Name on Card: _____

Patient Date of Birth _____

Card Number _____

CVV Code (3 digit code) _____ Expiration Date _____

By signing, I acknowledge I have read the Still Waters counseling credit card authorization policy and have been given an opportunity to ask questions. I authorize Still Waters Counseling to charge my credit card on file in accordance with such policy. I agree to update my credit card on file upon request or as otherwise necessary. By signing- I am agreeing I have read, understood, and agree to the items contained in Still Waters Counseling's Credit Card Authorization.

Signature _____ Date _____