Redman Counseling, LLC
75 Elliott Road, Suite 110B, Dawsonville, GA 30534
www.redmancounseling.com

INSURANCE AGREEMENT

(Please read carefully, this is very important!)

As a service to you, Redman Counseling, LLC will bill your insurance company for all applicable outpatient individual and/or family psychotherapy services rendered in-network. Due to the rising costs of healthcare, however, insurance benefits have become increasingly complex. Although the person handling our insurance billing is extremely thorough and spends a great deal of time ascertaining your benefits at the forefront in addition to filing your claims accurately, we still cannot guarantee that your insurance company will follow through with its original statement of benefits. In some cases, insurance companies have been known to change benefits in the middle of a policy year without notification to us as the provider. In other cases, session visit limits, co-payments, co-insurances, deductibles, or maximum allowables may vary from those originally quoted to us, thereby altering, or altogether preventing claims from paying in accordance with the benefits we as the provider have on file.

As a result, it is my policy to have a credit card on file for each client planning to use insurance.

☐ ← **Please check or initial here**: I would like Redman Counseling, LLC to collect only the percentage I am required to pay according to my insurance company for each visit (e.g., co-payment, co-insurance, deductible). As a courtesy, Redman Counseling, LLC will then file my claim for me to receive the remainder of the payment due. Occasionally, insurance carriers elect not to pay a claim for one reason or another. In the event that this happens, I authorize Redman Counseling, LLC to charge my credit card for the remaining balance. However, I recognize that Redman Counseling, LLC will not charge for any additional amount than otherwise expected without contacting me first.

Credit Card Information Required:

Name as it appears on your card: _____

Credit Card Number: _____

Exp. Date: _____ Security Code: _____

Zip code where you receive your credit card bill:_____

Client Signature: _____

Signature indicates that you agree to allow your therapist to make charges on your card without you present.

Additionally, it is our ethical obligation to be sure that you are aware of the following information regarding insurance companies. Most insurance companies require mental health practitioners to disclose certain information about their clients in order to receive benefits. First and foremost, they always require a diagnosis. Frequently, they require additional information to justify ongoing treatment. This information may include physical health concerns you discuss during treatment, psychosocial stressors (such as problems in relationships, work, etc.), and your general level of functioning. Insurance companies often require treatment plans, and they occasionally require copies of the therapist's notes. It is our policy to protect your confidentiality by providing only the information that is absolutely necessary. All of this

information will become part of the insurance company's records and is usually stored in a computer database.

Also, if your insurance policy changes, terminates, or defaults to a secondary insurance, it is your responsibility to notify your therapist at 678-447-5063 or email me at karla@redmancounseling.com.

We have a 24-hour cancellation policy. If you cancel an appointment with your therapist with less than 24 hours notice, you will be financially responsible for this session. Since insurance companies do not pay for missed sessions, you will need to pay for the full amount of your session rather than just your co-pay. Again, it is your responsibility to make sure that we always have the most up to date information on file regarding your insurance company as well as your most up to date contact information.

I have read the above policies, and I accept this Insurance Agreement.

_____

Client's Name (Please Print)

_____ _____

Client Signature Date