

Embrace Counseling and Consulting, LLC

Where Grace, Love and Hope Greet You at the Door

Financial/ Insurance Policy

Embrace Counseling and Consulting, LLC is now accepting certain insurance plans. What does this mean to you? As a contracted provider, the contract between the insurance and Embrace Counseling and Consulting, LLC must be honored if I am billing them for services rendered on your behalf. ALL specialist copays, deductibles, co-insurance and OOP must be collected accordingly at the time of service.

Insurance is billed on your behalf and fees do not reflect the self-pay rate of service. If the EOB reflect payment of services that is left with an outstanding balance due from client, the balance and the current contract payment for session date will be collected. If the EOB reflects an overpayment by client, the credit balance will be used towards the next date of service in conjunction with the payment due for that date of service.

_____ (please initial) I understand that insurance does not cover the cost of my failing to show for a scheduled session that is not cancelled 24 hours prior to my session. I understand, I will be charged the full session fee of 90.00 for the missed appointment utilizing the CC on file with clinician.

_____ (please initial) I understand, that if the insurance requires medical records to process payment on my behalf, I have signed a release of information form to be used to continue the step in honoring the due process of contract between Clinician and Insurance Company.

_____ (please initial) I understand that I am responsible to give an update of any changes regarding my insurance plan (ie..inactive status, change of insured etc..) during the time of receiving services. If clinician is denied payment due to change in insurance benefits that were not updated, client will be responsible for payment of sessions at 90.00 per session based on the Self-Pay rate.

_____ (please initial) I understand, that I have chosen to utilize my insurance plan and cannot make a change to self-pay outside the above mentioned unless there is a change in status of no longer having insurance or being insured under the presenting insurance. I understand that if my clinician chooses to no longer be paneled with my insurance plan, I can choose to remain a client under the existing Self-Pay rate for session at 90.00 or find a clinician who accepts the plan. I understand, my clinician will give a minimum of a 30-day notice should this become effective.

_____ (please initial) If applicable, my clinician accepts my insurance however, I have chosen not to utilize the services under contract and will be seen as a Self-Pay Client.

Client Signature (Guardian, if client is a minor)

Date