

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, however, not all clinicians are in-network providers. 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 or when insurance responds with client responsibility.

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 and charged to your card on file. 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 for the missed appointment utilizing the CC on file with clinician.

_____ **(please initial)** I understand that insurance does not cover the cost of some therapeutic treatments that may be beneficial to my mental health and healing process such as EMDR or BrainSpotting. I understand I am responsible for the additional charges these treatments may incur.

_____ **(please initial)** I understand, that if the insurance requires medical records to process payment on my behalf, I will be required to sign 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, failure to give correct or complete information, the client will be responsible for payment of sessions in full per session based on the Self-Pay rate in place at the time of service.

_____ **(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 per session 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.

Client Signature (Guardian, if client is a minor)

Date