



Edward Clark, LPC, CCADC
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Insurance Financial Policy and Fee Agreement – page 1 of 2

Fee: My fee for appointments 55 minutes in length is \$100 for individuals and/or couples. Insurance only covers sessions that are 60 minutes or less. I understand that at times, you as a client may need additional time. I would be happy to set up an appointment with you the following business day in order to continue your session as well as remain in compliance with the insurance requirements.

Payment: Services are to be paid for in full with cash, check, debit or credit card at the end of each session. In the event you are unable to pay, there is an additional \$35 charge on top of all additional fees. All fees must be paid in full prior to scheduling any future appointments.

Credit card on file: You agree and give consent and authorization to Life Focus, Inc. to charge the credit card on file for any remaining balance. If you do not provide a credit card number to keep on file, you will be required to provide a \$100 deposit (in cash or check that will be deposited). The fee will only be utilized in the event you do not show up for an appointment or do not give a 24-hour notice for cancellation. If the deposit is utilized as mentioned above, you will be required to provide an additional \$100 (cash or check) prior to setting up an additional appointment. The \$100 cannot be used towards the payment of a session.

In network: If I am in your insurance network, you are expected to pay the fee required by your insurance company at the time of service. If benefits have not been verified, you will be expected to pay the full service fee (listed above). You are responsible for knowing the details of your insurance coverage and obtaining authorizations as required by your health plan. I will file with your insurance carrier, however you will want to call and verify your mental health coverage prior to your appointment. The policies and procedures of your insurance health plan will govern fees and payment of fees for professional services. All fees that are not covered by your insurance carrier are your responsibility. *Please note that most insurance companies DO NOT cover marriage therapy and you will be required to pay the full fee of \$100 per 55-minute session.

Out of network: If I am not in your insurance network, the full fee is to be paid at each session at the private pay rate (listed above) and you will be responsible for filing with your insurance for *possible* reimbursement. If you have questions regarding your coverage, it is recommended that you contact your insurer directly. I will provide a receipt or statement as needed.

Cancellations/Missed Appointments: It is important that you keep your scheduled appointments. Appointments not cancelled 24 hours in advance will be billed \$100. Insurance **does not** cover these charges.

NSF/Returned Checks and Credit Card Declines: NSF/Returned checks or credit cards that are declined will be subject to a \$35 service fee.

Insurance Financial Policy and Fee Agreement – page 2 of 2

I have read and understand the above stated information. I understand that I am financially responsible for all charges, regardless of insurance, unless otherwise written by Edward Clark, LPC of Life Focus, Inc. I understand the financial policy established by Edward Clark, LPC of Life Focus, Inc.

Client Signature: _____ Date: _____

Client Name: (Please print): _____

Billing Information and Benefit Verification Form

Patient Information (Please print clearly)

Patient Name: _____ D.O.B: _____

Marital Status: _____ Spouse's Name: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Private/personal Email: _____

May messages be left for you at: Cell? _____ Work? _____ Email? _____

Insurance Information – Please provide a copy of your insurance card(s), front and back, or bring your card(s) to your first appointment so that copies can be made.

Primary Insurance Carrier: _____ **Phone:** _____

Claims Address: _____

City: _____ State: _____ Zip: _____

Name of Insured: _____ Relation to Client: _____

Insured ID number: _____ Group Number: _____

Insured D.O.B.: _____ Phone: _____ Employer: _____

Insured's Address (if different than yours)

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the release of all medical information necessary to process an insurance claim. I hereby authorize my insurance company to make payments directly to Edward Clark, LPC of Life Focus, Inc. I understand that I am financially responsible for all charges, regardless of insurance, unless otherwise written by Edward Clark, LPC of Life Focus, Inc. I understand the financial policy established by Edward Clark, LPC of Life Focus, Inc. I understand that balances left unpaid over 30 days from the date of service may be assessed a 1.5% re-billing/past due account fee (minimum \$5.00) per month and/or may be referred to a collection agency to facilitate payment.

Name (please print): _____

Signature: _____ **Date:** _____

For office use only:

Authorization needed? _____ Obtained? _____ Auth #: _____

of visits authorized: _____ Start Date: _____ Exp Date: _____

Deductible: _____ Met: _____ Co-pay/Co-ins: _____

Benefits Limits: _____ How much used? _____

Marriage Therapy: _____ Family Therapy: _____

CS Rep/Verified by: _____ Date: _____