

# Hicks Group: Wellness Center

## Office of Aunjuli Hicks, PhD

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### INSURANCE/PAYMENT ISSUES

Your therapist is committed to providing you with the best possible service. If you have insurance, your therapist will help you receive your maximum allowable benefits. In order to achieve this goal, you need assistance and understanding to my policies.

**You should be knowledgeable of your health insurance benefits.** Do not assume that your therapist knows what your benefits are. Your insurance contract is between you and the insurance company unless you have been advised that your Therapist is a participant. If this is not the case, then your Therapist is not a part of your contract nor are they bound by its rules.

**In Network Benefits:** You should find out from your health insurance how many visits you are allowed and copayments. Your Therapist is not responsible for having this knowledge. Should you go over the amount of visits allowed you will be responsible for all fees incurred should you insurance company deny your claim.

**Out of Network Benefits:** If your Therapist is not contracted with your insurance company you should consult your health insurance out of network benefits. It is your responsibility to know the percentage covered for mental health services and what your out-of-pocket copayment will be. Also you will need to bring in a claim form that will be filed on your behalf.

**Payment/co-payment for services is due at the time services are rendered** unless payment arrangements have been negotiated with your insurance carrier. Upon payment your therapist will help you process your insurance claim for your reimbursement.

**Clients must maintain their own payment records. Clients are responsible for submitting receipts for insurance information reimbursement where eligible. Due to unreasonable administrative costs and time involved, in order to keep your fees as low as possible, therapist will not communicate with clients' insurance companies at any time for any reason. The biller may contact insurance as a courtesy. When an individual, family, or couple enters counseling they are considered to be one unit or one entity. Individual, couples, and families who seek counseling to address issues important to them must agree to do so with willingness to disclose and discuss as part of the counseling process issues that can be extremely private, embarrassing, and perhaps damaging if disclosed outside the safety and boundaries of the counseling relationship. This willingness to risk participation in such intimate therapeutic discussion must be protected and respected. Therefore, the below signature affirm the participant's agreement not to request, subpoena, or attempt to acquire the progress clinical case notes of the their counselor for purposes related any subsequent actions of divorce, child custody, etc in which there is an adversarial action between the participant/clients.**

**Deductibles are the clients/patients responsibility in knowledge and in payments.** Should the client have a low or high deductible you are required to pay the full cost each session when you visit your therapist. Your therapist will then submit a claim for charged services to help you meet your deductible. If you have a HRA/FSA account by which you are reimbursed you must wait until you receive an EOB and you will be reimbursed for the amount on the EOB. You will likely not be reimbursed at 100%. And sometimes you will not be reimbursed at all. Once you meet your deductible you will pay a co-insurance or copayment as usual Your therapist is not responsible for the lack of understanding your plan please contact your insurance.

**You may elect to decline to use your health insurance benefits offered by your therapist and self-pay for all services provided.** Please let your therapist know and you will be asked to sign a **Fee for Service Consent Form**. **If your carrier requires a REFERRAL one must be presented at the time of service.** If your referral is not available, your appointment will be rescheduled. **There is a \$35.00 Return Check Policy. If a check is returned all payments must be in cash.**

**Overpayments & Refunds:** We will refund any billing errors once per month if needed for current clients. If you are terminated you have 30 days to request refunds or overpayments after termination. After 30 days we are not responsible for any refunds or overpayments.

### PATIENT AUTHORIZATIONS

**Claims Authorization** – I hereby authorize any treating therapist to furnish any and all records, medical history, services rendered or treatment given me or any dependent for purposes of review, investigation or evaluation of any claim submitted to my health insurance carrier(s). I also authorize my insurance carrier(s) to disclose to a hospital or health care service plan, self-insurer, or other insurer any medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a group contract held by my employer, an association, trust fund, union or similar entity, this authorization also permits disclosure to them for purposes of utilization review or audit. This authorization shall become effective immediately upon execution and shall remain in effect for the duration of any claim or term of coverage with my insurer(s) including a reasonable time thereafter, until its final consummation. This authorization is binding upon me, my dependents, heirs, executors and administrators.

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_