Greenfields Counseling and Consulting

FINANCIAL/INSURANCE POLICY:

Clients are encouraged to call their insurance company to determine what their Behavioral Health Benefits/ Co-pays will be BEFORE coming to their initial session. This Office accepts: Blue Cross, Blue Shield, Tricare, United Health Care, Aetna, Humana and EAP, as well as Self Pay.

Co-payments need to be made at the time of service. This office does not bill for co-pays. Cash and Checks only are accepted, no credit cards. It is the client's responsibility to know what their insurance co-pay, deductible and benefits are before utilizing services, by calling the service number on the back of their insurance card. We will file your insurance for you as a courtesy, but, ultimately it is the clients responsibility to pay for services provided. Please have your insurance card available to be photocopied.

Sessions at this time are generally fifty minutes in length, with the exception of Employment Assistance Programs and United Healthcare and Aetna which are 45 minutes in length. Tricare authorizations can be made through primary care physicians offices for Behavioral Health.

Cancellations and rescheduling would be appreciated in a timely manner. Appointments should be cancelled 24 hours in advance. If the ability to keep appointments becomes a challenge; other arrangements will need to be made. Clients who no show or do not cancel in a timely manner will be charged a $25.00 fee.

Any paper work that the client may need to be filled out utilizing the provider's licensure or expertise will be charged according to the complexity of the work. The provider will not appear in court on behalf of the client.

Your signature on this form gives Greenfields Counseling authorization to bill your insurance company and to release any medical information needed to process the insurance claim. You also authorize the insurance company to pay Patricia Johnson LMHC directly for services rendered. Your signature on this form represents your "signature on file" for all claims processed.

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Signature (print & sign)   **date**