

**STEPPING STONES COUNSELING CENTER  
INSURANCE INFORMATION & FEE POLICY**

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Primary Insurance (Please present your card for copying.)**

Insurance Company Name \_\_\_\_\_ Subscriber Name \_\_\_\_\_ DOB \_\_\_\_\_

Subscriber ID# \_\_\_\_\_ Group# \_\_\_\_\_ Do you have secondary insurance? Yes No  
Have you utilized your mental health benefit this year? Yes No

**Insurance Billing:** If you have insurance, a claim will be filed for you at no charge. This is done as a service to you, but this office cannot accept responsibility for collecting from your insurance company. **Monthly statements will be sent and payment is due in full upon receipt. Co-Pays are due at the time of service.**

AUTHORIZATION FOR THE PAYMENT OF BENEFITS

I hereby authorize payment directly to Stepping Stones Counseling Center, if otherwise payable to me, for counseling services rendered at this clinic. I understand and accept all financial responsibility for the deductible amount and for any outstanding after payment of such benefits.

I hereby authorize Stepping Stones Counseling Center to release the following information necessary to process my medical insurance claims and the claims of my family members covered by my medical insurance company: Name, date of birth, diagnosis, name of insurance company, subscriber's name, effective date of policy, policy number, group number and dates and times services are provided.

*Appointments are based on a 50-minute face-to-face session; any sessions over 50 minutes will be prorated to the quarter hour.*

<u>Fees</u>	<u>Initial</u>	<u>Individual Sessions</u>	<u>Family/Couples Sessions</u>
PhD	\$250	\$175	\$200
Masters	\$225	\$150	\$175

**Stepping Stones Counseling Center expects payment at the time service if you are not covered by insurance. We offer a discount for cash payment.**

**No Show/Late Cancel Policy:** A \$25.00 late cancellation fee is charged if you fail to cancel within 24 hours of your appointment, or fail to show up for an appointment.

Stepping Stones Counseling Center, LLC reserves the right to seek legal means to secure reimbursement if unpaid longer than 60 days. If necessary, this may include release of information such as: names, dates of treatment, unpaid fees, etc. to attorneys, the courts or collection agencies. **In the event any unpaid balance is placed for collections, with any 3<sup>rd</sup> party collection agency, and/or placed with an attorney to obtain judgment or otherwise satisfy payment of this account, a fee of 33.33% of the unpaid balance will be added to the total amount due.** This amount shall be in addition to any other costs incurred directly or indirectly to collect amounts owed under this agreement such costs include, but are not limited to court costs, service fees, filing fees and other incidental associated with our collection efforts.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please include your middle initial in your signature! Thank you! 10/1/08