

FINANCIAL INFORMATION

Person responsible for payment: _____

Address: _____ Phone: _____

Fee Based on: (Circle one option) Self-pay Insurance

To file for insurance, we need the following consent:

I hereby give Cureton Counseling & Consulting, LLC consent to: 1.) Verify mental health insurance benefits; 2.) File claims; and 3.) Provide my insurance carrier with necessary information including name, diagnosis, prognosis, and treatment information as needed. I also authorize my insurance carrier to pay medical benefits directly to Cureton Counseling & Consulting, LLC.

Signature of Client/Guardian: _____ Date: _____

Witness Signature: _____ Date: _____

PERMISSION TO TREAT/FINANCIAL AGREEMENT

I hereby give my consent for Cureton Counseling & Consulting, LLC to evaluate, counsel, and treat me and/or my family members. I agree to pay Cureton Counseling & Consulting, LLC in full for services rendered, for charges that are assigned for appointments not kept or late cancellations, and for service fees for past due accounts. I agree to also pay for any medical records copying fees if I wish my records to ever be released to me or another party. In addition, I agree to pay for any charges incurred in collection and said debt, including collection agency fees, attorney fees, and court fees. I understand that I am responsible for payment at the time services are rendered. Other payment arrangements are to be discussed prior to services being provided. I understand that I am responsible for insurance co-payments and deductibles, as well as any unpaid insurance balances.

**CHARGE FOR DIAGNOSTIC EVALUATION = \$150
EACH SUBSEQUENT 40 MINUTE SESSION (BILLING CODE 90834) = \$100
EACH SUBSEQUENT 55-60 MINUTE SESSION (BILLING CODE 90837) = \$150**

Signature of Client/Guardian: _____ Date: _____

Witness Signature: _____ Date: _____

CLIENT COMMITMENT

I/We acknowledge that I/We have received, reviewed and understood the information presented on this page and general information page provided at the beginning of counseling. I/We agree to abide by the terms disclosed these documents.

Signature of Client/Guardian: _____ Date: _____

Witness Signature: _____ Date: _____