

Payment Options

Please check one:

____ Health Insurance: HDA will submit a claim to your primary health insurance carrier. You will receive a mental health diagnosis that will be submitted with your insurance claim. If you need a referral or pre-certification from your insurance company, you are responsible for obtaining that. You are personally responsible for any amount not covered by your insurance.

____ Private Payment: You will receive a bill on a monthly basis. The balance is payable monthly except by special arrangement.

Discount for Same Day Payment:

If you pay for service on the day of your appointment, then you will receive a discount of \$35 per hour. We are able to offer this discount because we save substantial billing costs for same day payment. If your session is not paid for on the day of service, we will bill you privately at the regular rate. If you choose the discount, we cannot go back and bill your insurance company later for that service. Upon request, your therapist can provide you a form that includes a diagnosis and procedure code that would allow you to bill your insurance company yourself.

Failure to comply with payment of services is subject to collection and credit reporting.

Missed Appointments: We request that appointments be cancelled 24 hours in advance. If you fail to give 24 hours notice except in case of emergency or miss an appointment you may be subject to a \$35 per hour charge for which you are personally responsible. If you fail three appointments in a year, you will need to speak to your therapist personally to schedule another appointment.

Reminder Calls: If you would like a call to remind you of your appointment please initial in the following space. Your initials signify that you give your consent for us to leave a message about your appointment at the phone number you give us.

_____ Initials

I understand that by completing this intake sheet I will be considered a client of HDA and a client record will be developed for me. Each client will receive an assessment. If I choose to use my health insurance, I authorize HDA to furnish to my insurance carrier information regarding services to me or my dependents. I assign to HDA all insurance payments made to me or my dependents for psychotherapy services. I understand I am responsible for any fee balance not covered by my insurance company.

Client Signature:
