## Creating Connections Counseling, PLLC

Patient:		Pa	yment Polici	es				
Please make sure you understand the following information from your insurance provider.  Creating Counseling Connections is an in-network provider with your insurance company.  Mental health benefits for family and individual outpatient therapy billed as an office visit is covered by your insurance company.  That the credentials LISW are reimbursed by your insurance company  That you are aware if there is a limited number of sessions covered per year.  The amount of your co-pay for office visit or co-insurance rate.  The amount of your deductible for the year and what is remaining, whether mental health office visits are applied to the deductible.  Fees for Therapy Services  Diagnostic Interview  90791 \$185.00  Individual Therapy, 30 minutes 90832 \$75.00  Individual Therapy, 45 minutes 90834 \$100.00  Individual Therapy, 60 minutes 90837 \$150.00  Family Therapy  90847 \$125.00  Testing and Assessment 96101 \$110.00  Report Writing unbillable \$45.00 per hour of preparation w/full report and recommendations  Please sign below if you are paying for services through your insurance carrier:  I have mental health coverage through my insurance company and authorize billing and payment to Creating Connections Counseling for services rendered.  I agree to immediately notify CCC of any changes to my policy, including cancellation of policy, new policy, changes in benefits, and changes to secondary insurance. Failure to do so means I assume responsibility for the fees for services rendered as outlined above.  I understand that if my insurance policy denies payment for any reason, that I will be responsible for the allowed payable amount by the insurance company or the full amount of the private pay policy as determined by the balance of the account.  I am aware of my deductible amount, and agree to pay the allowable amount by the insurance company until my deductible is met and assigned benefits begin.	Patient	t:	<u>-</u>	Child	Self			
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Signature of Responsible Party:\_\_\_\_\_\_\_Date:\_\_\_\_\_\_

Page 2/2	Payment Policy Agreement For	Date

## Creating Connections Counseling, PLLC

	Pa	lyment Polici	es	
Patien	t:		Child	Self
Respo	onsible Party:			
Please	e sign below if you are planning t	o private pay f	or mental healtl	ı services
✓ ✓ ✓	I agree to personally pay for services ite I understand that should I decide to start be billed to insurance.  I agree to provide payment at the time o I understand that my therapist has the rigin full.	utilizing my insurations of service	ance policy, that no	previous dates of service can
Fees f	or Therapy Services			
*	Diagnostic Interview	90791	\$185.00	
	Individual Therapy, 30 minutes	90832	\$75.00	
	137	90834	\$100.00	
*	Individual Therapy, 60 minutes	90837	\$150.00	
*	y	90847	\$125.00	
*	8	96101	\$110.00	
*	8	unbillable	\$45.00 per hour	of preparation
*	Specialized Attachment Evaluation w/ full report and recommendations	unbillable	\$1500.00	
Signa	ture of Responsible Party:			