



## WellSpring Counseling Center FINANCIAL ARRANGEMENTS

We are committed to providing you with the best possible care. If you have medical insurance, we want to help you receive your maximum allowable benefits. In order to achieve these goals, we need your help and your understanding of our payment policy.

Payment for services is due at the time services are rendered. If you have insurance coverage (private insurance, Medicare and/or Medicaid), you are responsible for co-pays and/or deductible amounts. We accept cash and checks. The filing of insurance claims is a courtesy that we extend to our patients.

It is your responsibility to be aware of the terms of your insurance agreement before your first visit. If you expect to have insurance coverage for services at our office, it is necessary for you to confirm that we are a current provider with your insurer, and that, when necessary, all "prior authorization" is made before you accept services from our office. If these criteria are not met, you will be responsible for payment for any services rendered. If it is determined that your coverage for health care through private insurance, Medicare, and/or Medicaid is not in effect at the time services are rendered, all charges are your responsibility.

***We also request 24 HOUR NOTICE of cancellations or appointment changes. This is essential for your therapist & for other clients who need appointments. You will be charged \$75.00 for a missed appointment. This charge may be waived by your therapist for extenuating circumstances. Your insurance company will NOT cover missed visits.***

Whether you are utilizing insurance or paying out-of-pocket, please sign at the bottom to indicate your acceptance of these conditions. If you have any questions, PLEASE do not hesitate to ask us. We are here to help you.

**\*ATTENTION:** The new federal Red Flag Rule, effective June 2010, requires all businesses to obtain a copy of the patient's picture identification in accordance with rulings to diminish identity theft.

Patient's (and/or guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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