



Keystone Counseling & Consulting, LLC works with every client to make use of any available benefit. In order to make sure we bill the appropriate party and minimize your cost out of pocket we ask that you complete the form below. You must return this form at your initial therapy session. You will be billed personally for all services until this information is provided.

Thank You

Please indicate which method of billing and payment you plan to use for services by checking the appropriate box and then completing the section for that category:

I plan to use my Employee Assistance Program (EAP)

Please contact your EAP and attain the following information prior to your first session.

EAP Company: _____

Policy Holder: _____

Policy Holder's Employer: _____

Authorization #: _____

Start Date of Authorization: _____

Number of Sessions Covered: _____

I plan to pay for my services out of pocket.

*Payment is due in full **at the time of service**. A Fee Schedule for services is included in this packet. We only accept checks or cash. **NO CREDIT CARDS**. Be prepared to pay your therapist directly at the end of each session.*

*Make checks payable to **Keystone Counseling**.*

I plan to have Keystone file my insurance claims for me.

*Keystone will file insurance for you as a courtesy. We are on many insurance networks, but not all. It is **YOUR** responsibility to know insurance benefits **prior** to coming in for services. Please call your insurance company and fill in the information below to assure coverage is provided accurately. Any insurance balance that is not paid within 30 days becomes the responsibility of the patient.*

Client seeking services: _____

Insurance Company: _____

Name of Insured: _____

Policy Holder's Social Security # _____

Policy Holder's Date of Birth: _____

Policy Holder's Employer: _____

Relationship to Patient seeking services: _____

Insurance ID # _____

Group # _____

Effective date of coverage: _____

1. Does your plan cover the individual, couples, family, or group counseling that you are seeking? (Circle the type of counseling you are seeking and make sure with your insurance company that they cover this service. Many insurance carriers do not cover couples or marriage counseling.)

YES NO

Note: If your insurance does not cover the type of counseling you are seeking then you will be financially responsible for services.

2. Do you have a deductible?

YES NO

If you answer YES: How much is the deductible amount? \$ _____

How much have you met year-to-date? \$ _____

3. Do you have a Co-Pay and/or Co-Insurance that is your responsibility at each session?

YES NO

If you have a Co-Pay indicate the amount for counseling: \$ _____

4. Do you need prior authorization for services to be covered?

YES NO

If YES, provide insurance authorization number _____

How many sessions will this authorization cover? _____

Please contact your insurance provider and complete all the required information PRIOR to your first appointment. Keystone will complete all required insurance forms and file your insurance as a courtesy after each appointment once this information is provided in full. If you do not provide complete information and your insurance card you will be charged directly for the services. If Keystone Counseling should receive a payment by an insurance company after you have paid for as session, that credit can be used toward any balances that are your responsibility or future services.

I _____ have completed the above information for billing obligations in reference to services rendered at Keystone Counseling. I understand & agree to the terms of payment and that I am financially responsible if my insurance fails to pay in 30 days. I am also held responsible for any No Show or Late Cancellation Fees to be paid immediately.

Signature of Client (or Guardian): _____ Date: _____

Signature of Therapist: _____ Date: _____