

Billing Practices

** indicates a required field*

Groundwork Counseling, LLC
2081 Harrodsburg Road #1062
Lexington, KY 40504

INSURANCE BILLING

If you plan to use insurance to pay for services, claims will be sent to the insurance company based on information used at the time of service. Sometimes, insurance information may change or may not be up to date. If for any reason, inaccurate information related to deductibles, co-pays, or number of available sessions, etc. is retrieved at the time of service, Groundwork Counseling will bill the client for any additional costs associated with mental health services rendered. Additional services may not be provided until the client's balance is current. If balances remain unpaid for 60 days, client information will be sent to a collection agency. I understand that I am responsible for any non-covered services not reimbursable by my insurance carrier.

Self-pay rates may apply to any client who becomes uninsured at times of appointments. Self-pay rates are set for intake and sessions and rates may vary. Please inquire about self-pay rates if you are uninsured during times of services.

Self-pay rates for Walk and Talk sessions are pre-set to \$75.00 per individual session OR 4 (four) sessions at a discounted rate of \$275.00. These payments are due once the balance is incurred.

MISSED APPOINTMENT FEES

Appointments will be cancelled and \$65.00 fee will be assessed if client is 15 minutes late without notice or "no-calls/no-shows". Each client will have one allowed missed appointment before the \$65.00 fee takes effect. If client cancels appointment without a notice greater than 24 hours, Groundwork Counseling will charge the client \$65.00.

RECORDS REQUESTS

Clients have the option to request a release of their records of therapy from Groundwork Counseling. The first request will be at no charge to the client. Any further requests will be processed at a flat fee of \$10.00.

CREDIT CARD PAYMENTS

You may choose to have Groundwork Counseling store your credit card information for future bills you may incur. Should you do so, Groundwork Counseling will automatically process all outstanding balances one time per month and will not provide any additional warning other than what is written in this section of the Informed Consent form.

Credit/Debit Card Policy Terms and Conditions

Groundwork Counseling requires all clients to maintain an active credit/debit card on file at all times. We will ask for this information over the phone at the time of scheduling, and your information will be kept confidential and secure within our electronic medical record system.

By signing below, you authorize Groundwork Counseling LLC to store and charge your credit/debit account for all balances due for services rendered, including late/cancellation fees, and patient responsibilities not covered by insurance that you may incur during treatment. Groundwork Counseling will process all credit cards 1 time per month without further notice if there is an outstanding balance on your account. This typically takes place during the second week of each month.

This authorization will remain in effect until you cancel this authorization in writing or verbally, and you may do so at any time. If you request to cancel this authorization, you are providing Groundwork Counseling permission to use the card on file at the time of your request to pay all outstanding balances before the card is removed. If your payment is declined at the time your card is processed, your services may be subject to termination. My signature indicates that I have read and accept these disclosures.

My Signature indicates that I have read and accept the disclosures with the Billing Practices form.

*** Date**

Client's Name

*** Client Date of Birth**

*** Signature** _____

I consent to sharing information provided here.