4535 Normal Blvd Ste 142

Lincoln, NE 68506

Phone: 402-540-3014

Fax:402-261-8263



Client Name:

Understanding your financial responsibilities is an essential element to your care and treatment at Deb Perrin Counseling. **Please initial next to each section below to indicate that you understand each section.**

**INSURANCE AND BENEFITS**

* Please complete the insurance section completely on the demographic form. We use this information to verify your benefits and provide you with any information in regard to co-pays or deductibles/co-insurance.
* We will file your insurance claim form for you; however, we can not guarantee benefits or payments. **If your insurance denies payment, you are financially responsible for all services**
* Please bring your current insurance card to your first appointment so that we can verify the information. If your insurance changes it is your responsibility to let me know of the change as soon as possible and **I will need a copy of the new card**.

**CO-PAY, DEDUCTIBLES, AND COINSURANCE**

* All co-pay, coinsurance and deductibles **NOT** covered by insurance are **due at the time of service**, unless other arrangements have been made ahead of time with me.
* We accept cash, personal checks and credit cards (there will be a $5.00 convenience charge for credit card use.) Payments may be made in person, mail or over the phone.

**BILLING STATEMENTS**

* The balance on your monthly statement is due and payable upon receipt unless prior arrangements have been made with me.
* If your bill is not paid in full, or other arrangements made, I may not schedule a next appointment for you. Payments can be made in person, mail or over the phone.
* Financial non-compliance may result in termination of your care.

**CANCELLED, LATE, OR MISSED APPOINTMENTS**

* A **$50.00** fee may be charged for cancellations made less than 12 hours prior to your scheduled appointment. **THIS FEE IS NOT COVERED BY YOUR INSURANCE.**
* A **$50.00** fee may be charged for missed appointments. **THIS FEE IS NOT COVERED BY YOUR INSURANCE.**
* If you have missed appointments without calling to cancel more than **3** times, I may not be able to continue scheduling with you.
* If you habitually cancel or reschedule your appointments, I will discuss further treatment appropriateness with you.

Insurance billing and Patient statements for Deb Perrin Counseling is done by an outside agency; Luethke Billing Services**. Please refer all billing related questions to Luethke Billing Services. They are available from 4 pm to 7 pm at 402-646-5052.**  If you need to call outside those hours please leave a message include your name, client name and phone number. Phone calls will be returned within 24 hours.

I have read and understand the financial responsibilities. I agree to be bound by these terms. I agree to assign insurance payments to be made directly to Deb Perrin Counseling for services rendered.

Client’s Signature/Guardian Date