



Tree of Life Counseling Services, LLC

Office Locations

Rochester Hills - Walton

1460 Walton Blvd.
Suite 60 (Main Office) & 20
Rochester Hills, MI 48309

Rochester Hills - Rochdale

145 Rochdale Drive South
Suite F & D
Rochester Hills, MI 48309

Lenox

36555 26 Mile Road
Suite 3700
Lenox, MI 48048

Livonia

39000 W Seven Mile Road
Suite 3600
Livonia, MI 48152

Troy

1700 W Big Beaver Road
Suite 200
Troy, MI 48084

AUTHORIZATION & RESPONSIBILITY AGREEMENT

We invite you to discuss with us any questions regarding our services or policies. The best health services are based on a friendly, mutual understanding between provider and patient.

YOUR insurance policy is a contract between you and your insurance company. We are NOT a party to that contract. Our relationship is with you NOT your insurance company. While we accept many of the major insurances, it is your responsibility to verify Tree of Life Counseling Services participates with your individual plan. While our staff may be able to answer some basic questions as a courtesy, Tree of Life Counseling Services cannot guarantee reimbursement for behavioral health services from any insurance carrier. This information can and should only come from your employer and or your insurance representative. They are your best source of reference as to what you can expect from your plan or policy.

The policy at Tree of Life Counseling Services with regards to your insurance is as follows: You, the patient / insured, will release ANY and ALL pertinent information relating to your insurance coverage or policy. Tree of Life Counseling Services MUST have on file ALL demographics needed to successfully submit a claim on your behalf. Under HIPPA guidelines all current and necessary steps with regards to securing your private information are in place. REMEMBER it is your responsibility as an insured / patient to keep your information up to date, which will aid in avoiding unnecessary delays or rejections. If the information in the patients profile is incorrect it will result in unpaid balance to the patient / insured.

I hereby authorize my insurance company to pay directly to Tree of Life Counseling Services any professional or medical expense benefits for services rendered. If my insurance DOES NOT PAY my balance in full within 30 days, I will be responsible for contracting my carrier to inquire about the delay. I understand it is my responsibility to inform this office of any changes in my medical insurance status.

A photocopy of this assignment shall be considered as effective and valid as the original.

*Patient / Responsible Person Signature**

Date

FINANCIAL RESPONSIBILITY

Tree of Life Counseling Services' office policy requires payments in full for all services rendered at the time of visit unless other arrangements have been made with the office manager. The insured/patient will pay all co-pays and deductible associated with their insurance policy/coverage at the time of service should Tree of Life Counseling Services accept and bill their current insurance carrier. In the event of default, the insured/patient further understands that they are responsible for any and all attorney's fees, costs, and delinquency fees associated with insured/patient's account.

*Patient / Responsible Person Signature**

Date

**Electronic Signature*

You understand and agree that your electronic consent (including any electronic symbol) is your electronic signature, represents your agreement to the terms and conditions of this agreement, constitutes a valid signature, and shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based record keeping system to the fullest extent permitted by applicable law.