



Integrity Counseling

Telehealth Authorization and Payment Policy

Thank you for choosing Integrity Counseling LLC. We are committed to providing you with quality and affordable services. With the onset of Covid-19, you have elected to move to Telehealth counseling. It is your responsibility to contact your insurance plan to ensure that they allow this type of service under your policy. Please read, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance.** I have contacted my insurance carrier _____ on ___/___/___ and have confirmed that telehealth/video health services are covered under my plan. I have confirmed that telehealth services will be covered until ___/___/___ (if coverage is indefinite, please indicate 99 / 99 / 99). The person I spoke to and the reference number# from my call was (name) _____ (ref #) _____. In the event that these charges are denied as not covered, I understand and agree that I will be responsible for payment of the charges.
- 2. Co-payments.** I understand that co-payments, if any, are still due and must be paid. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please come prepared to pay your co-payment at each visit.
- 3. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- 4. Nonpayment.** If your account is over 90 days past due or your balance exceeds \$250 you will not be able to schedule another appointment until appropriate payment arrangements are made. Any account that continues to be unpaid beyond the 90 days may be subject to collections.
- 5. Missed appointments.** Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

I have contacted my insurance company and have confirmed that telehealth services are covered under my plan.

I have read and understand this policy and agree to abide by its guidelines.

Signature: _____ Date: _____

Print Name: _____

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding this policy. Please let us know if you have any questions or concerns.