LIZ ANDERSON, LICSW
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FINANCIAL RESPONSIBLITY FORM

Client Name: _____ DOB: _____

Clear guidelines regarding payment for services can be supportive of successful therapeutic relationship. Please take a moment to review the policies below and ask any questions you may have in order to make sure you fully understand the policies.

Payment for services
Payment for services is due at the time that the service is provided, unless previously agreed upon in writing. Past due accounts may affect your ability to schedule appointments and could result in the end of treatment. In the case of a 16 or 17-year-old minor, a parent or guardian is responsible for providing payment at the time of the service provided, unless previously arranged. There is a $25 fee for returned checks.

Consultation between sessions and communications with other providers will be pro-rated at the same fee as your usual session fee, unless the communication is occasional and shorter than 10 minutes, in which case there is no fee. Report-writing, letter-writing, assessments, and other additional information services are billed in 15 minute increments at a rate of $125 per hour.

Forms of payment
At the present time, Liz Anderson, LICSW (the therapist) accepts cash, PayPal, Venmo, and personal check. Personal checks can be written to "Liz Anderson, LICSW."

Missed appointments
There is a $50 fee for any appointments that are cancelled with less than 24 hours notice and are not missed due to a medical, mental health, or other serious emergency. Please note that insurers do not reimburse for missed sessions or late fees. Multiple missed appointments could result in the end of treatment. If you must miss an appointment, please notify the therapist by phone (413-247-4972) or via email (lizanderson.licswma@gmail.com).

☐ *Please check here if you will be using insurance to pay for your treatment, note the additional policies below, and include your insurance information on page 2.*

Updates to insurance information
Please update me with any changes to your insurance, including your current provider and identification numbers. Without this information, your services may not be covered by insurance.

Deductibles, co-pays, and coinsurance
You are responsible for charges for your treatment that may not be covered by your insurance. Payment is due at the time that the service is provided. Payments received in excess of charges may be applied to subsequent services.

Non-covered services
Insurance coverage is verified before you are seen; however, verification of insurance and benefits is not a guarantee of payment. You are responsible for payment of services not covered by your insurance. Please familiarize yourself with your insurance coverage so that you know what benefits it includes.

Medical necessity
I understand that insurance coverage for therapy requires a mental health diagnosis (including substance use disorder diagnoses) to be the focus on treatment and that only medically necessary treatment will be reimbursed.

If you are using health insurance to pay for treatment, please include your insurance information below.

Primary Insurance: _____ ID#: _____

Group number: _____ Policy Holder: _____

Policy Holder's DOB: _____ Relationship to policy holder: _____

Secondary Insurance: _____ ID#: _____

Group number: _____ Policy Holder: _____

Policy Holder's DOB: _____ Relationship to policy holder: _____

I fully understand and agree to follow the above policies and have had any questions answered.

Signature: _____ Date: _____

Printed Name: _____

Relationship to client: _____