



Little Birdie Professional Counseling, PLLC

Good Faith Estimate & Insurance Filing

Insurance:

In exchange for Little Birdie Professional Counseling, PLLC agreeing to pursue my insurance provider for payment of benefits due me for services, among and along with other valuable consideration. I, the client, hereby irrevocably assign Little Birdie Professional Counseling, PLLC any and all medical payment benefits available under any insurance policy in which I may be entitled as a result of, or related to services rendered.

I understand that it is my responsibility to understand the benefits covered under my insurance policy. While Little Birdie Professional Counseling, PLLC offers to provide me a quote of what to expect for my appointments, I understand that this is just a courtesy service and simply an estimate.

While Little Birdie Professional Counseling, PLLC works hard to give you the most accurate representation of your financial obligation, sometimes insurance companies process claims differently than defined by the provided database by which Little Birdie Professional Counseling, PLLC implements. In this case, I understand that I am financially responsible to Little Birdie Professional Counseling, PLLC for all charges not covered by my insurance policy and promise to pay them.

In the event that collection of this account has to be assigned to an attorney or a collection agency, I agree that I will be responsible for the cost of collection.

If I do not have an insurance provider accepted by Little Birdie Professional Counseling, PLLC or if insurance does not cover a session, for whatever reason, I will be charged at the self-pay rate and payment will be collected at time of treatment.

Self Pay Rates:

Individual Therapy: \$180

Family/Couples Counseling: \$130

Acknowledgment and Consent

By checking the box below, you acknowledge that you have read, understood, and agree to the terms outlined in this Good Faith Estimate & Insurance Filing.

I have read and understood this Good Faith Estimate & Insurance Filing. I agree to enter into therapy under the terms described above.

Signature: _____

