

# Letitia D. Brown, LCSW Caring for Our Community

## CLIENT'S FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Company(s): \_\_\_\_\_

### **Assignment of Insurance Benefits**

I hereby authorize LETITIA BROWN, LCSW, CARING FOR OUR COMMUNITY to furnish to the above-mentioned insurance company(s) with requested information.

I hereby assign to LETITIA BROWN, LCSW, CARING FOR OUR COMMUNITY, all money to which I am entitled for medical expenses related to the services rendered by my therapist, but not to exceed my financial obligation. It is understood that any money received from the above-named insurance company, over & above my obligation will be refunded either to me or my insurance company when my bill is paid in full. I agree to pay my co-payment/deductible at the time of service.

### **Self-Pay Rates**

<b>Assessment</b>	<b>Rate</b>
<ul style="list-style-type: none"><li>• Evaluation</li></ul>	\$120.00
<b>Outpatient Services</b>	
<ul style="list-style-type: none"><li>• Individual Therapy</li></ul>	\$95/60 min session
<ul style="list-style-type: none"><li>• Family/Marital Therapy</li></ul>	\$110.00/60 min session
<ul style="list-style-type: none"><li>• Tele-Medicine (Therapy)</li></ul>	\$150.00/60 min session

### **Please read then initial each statement below:**

\_\_\_\_\_ I hereby agree it is my responsibility to advise LETITIA BROWN, LCSW, CARING FOR OUR COMMUNITY of any insurance changes in a timely manner. This will allow LETITIA BROWN, LCSW, CARING FOR OUR COMMUNITY time to obtain appropriate authorizations to be received prior to my appointment.

\_\_\_\_\_ Failure to notify LETITIA BROWN, LCSW, CARING FOR OUR COMMUNITY of insurance changes may result in a denial of services which will become your full financial responsibility.

\_\_\_\_\_ I hereby agree that I am financially responsible for all non-covered charges, at the rates listed above for Outpatient Therapy Services.

\_\_\_\_\_ I further agree, in the event of nonpayment, to bear the cost of collections and/or court cost & reasonable legal fees should this be required.