



THIRD-PARTY BILLING AGENT POLICY AND AGREEMENT

Name of Client: _____

DOB: _____

FEE SCHEDULE AND PAYMENT POLICY

The regular and customary hourly rate is \$80.00 for each psychotherapy/counseling session, with the exception of the \$120.00 initial diagnostic assessment. Each standard consultation is a 50-minute hour for individuals, couples, and families and is considered one hour for billing purposes; the remaining ten minutes is reserved for case-management needs such as note taking. Sessions lasting beyond one hour or less than one hour will be charged at a rate proportional to the hourly rate. Payment is due at the time of service. CCS accepts insurance cards, flexible spending account cards, cash, major credit cards, personal and cashier checks, and Paypal. Payments are received at our office: 393 E., 2nd North, Rexburg, ID 83440, over the phone at (208) 359-4840, and online at www.centerpcs.com.

LATE CANCELLATION POLICY

The client is solely responsible for making and keeping appointments. If a client makes an appointment and subsequently does not keep it or give the clinic 24-hours notice of cancellation, the client will be held responsible. Because unpredictable life events happen, the client's account will not be charged for the first missed or late cancelled appointment. However, the client's account will be charged \$40 for the 2nd and any successive missed or late cancelled appointments.

INSURANCE POLICY

As a courtesy, CCS bills primary insurance companies, including employee assistance programs (EAPs). Balances not paid by insurance within 45 days from the day a claim is submitted, for any reason, are the responsibility of the client. Co-payments and charges applied to deductibles are due at the time of service. Prior-authorization is the responsibility of the client to obtain and any charges denied by the client's insurance company due to lack of pre-authorization will be the responsibility of the client. The Client agrees to notify CCS of changes to their insurance and will be held responsible for claims charges related to outdated insurance information on file. CCS does not bill secondary insurance companies. After making their payment to CSS, the client has the option to seek reimbursement from their secondary insurance.

3rd PARTY BILLING AGENT POLICY & AGREEMENT

Centerpoint Counseling Services, LLC maintains a Third-party Billing Agent Policy which allows a person or entity other than the client to accept financial responsibility for the client's charges. Third Party Billings Agents act as the financially responsible party for the client and agree to abide by CCS's Fee Schedule and Payment Policy, Late Cancellation Policy, and Insurance Policy. Third-party Billing Agents are eligible to obtain clients' confidential clinical treatment and progress information when the client has signed a legal "Consent for Release of Information" listing the Third-party Billing Agent. By completing this form, I have read and agree to Centerpoint Counseling Services Fee Schedule and Payment Policy, Late Cancellation Policy, Insurance Policy and the 3rd Party Billing Agent Policy and agree to be the 3rd Party Billing Agent for the client listed at the top of this page.

<input type="checkbox"/> Individual		<input type="checkbox"/> Organization	
Last Name	First Name	Bill To:	
Soc. Sec. #:	Date of Birth:		
Address:		City:	State & Zip:
Mailing Address (if different than above):		City:	State & Zip:
Home Ph #:	Cell #:	Work Ph #:	
Employer Name and Location		Job Title:	
Signature Line: <i>(Please sign to authorize)</i>		Date:	Relationship to Client:

Please check the following that apply: Please send me statement charges by mail
 Please pay with the following credit card:

<input type="checkbox"/> Visa®	<input type="checkbox"/> MasterCard®	<input type="checkbox"/> Discover®	<input type="checkbox"/> American Express®
Credit Card Number: _____		Exp. Date: ____/____/____	CVC Code: _____