



Smiths Station and Phenix City Psychological

2061 Panther Parkway • Smiths Station AL, 36877

Phone: 334-577-4978 • Fax: 334-408-4518

Email: NBofficeSSPCP@gmail.com

Guarantor of Financial Responsibility

Every client/financial guarantor is responsible for knowing the specific requirements of their insurance companies. With so many different insurance plans and coverage, it is unrealistic for our staff to know the specific requirements for all policies. Please let us know if you are required to have or use one of the following:

1. Authorization/Pre-certification requirement for mental health treatment.
2. A written referral from your Primary Care Physician. It is the client/guarantor person's responsibility to obtain referral prior to the initial appointment.
3. Deductible requirement before co-pay amount is applicable.

If you are unsure about your insurance requirements, please contact your employer's personnel/human resources representative at your work or your insurance agent prior to your appointment.

I have read or have had read to me the above and understand that it is my responsibility to make sure all insurance requirements are fulfilled. It is also my responsibility to notify this office of any changes in my insurance.

I agree to be responsible for all charges incurred with Smiths Station and Phenix City Psychological that results from noncovered services or client/client's authorized person's failure to meet insurance requirements.

Guarantor's Name

Guarantor's Signature

Date

Client's Name if Different From Guarantor

Please add credit card information below that will be stored and charged if there is a non-covered expense. This information can also be used for your copay/deductible if you desire. You will be notified prior to any charge being made and will be able to provide another payment method if desired.

Name on Credit Card

Credit Card Number

Expiration Date

CCV

Billing Address