



### **Insurance Payment Information**

If you would like to pay with insurance or pay towards your deductible, I am happy to bill your insurance provided I am in network with your insurance company. If I am not in network and you would like to pay towards your deductible, please check with your insurance company and find out if there is an out of network benefit. I can give you a receipt towards this if so.

The first steps of paying with insurance, or towards your deductible, are yours. Please complete the following steps: (space has been provided for you to write in your answers if you prefer).

#### **Please contact (call or chat) your insurance company and ask them the following:**

- 1) Do I have a deductible? What is it? How much has been met?
- 2) Do I have a copay? How much is it?
- 3) How many therapy sessions am I allowed? (please be specific that you want behavioral health or psychotherapy session information, not physical, speech or occupational therapy information.)
- 4) When does my insurance policy turn over and restart. (This is normally Jan 1<sup>st</sup>)
- 5) Do I have an out-of-pocket maximum, what is it?
- 6) \*Is Jessica Tupa, **NPI#1619491263** or Tupaco Counseling & Integrated Wellness, LLC, in Network? (At this time I am in network with **Anthem, Optum (United Health Care/UMR), Medical Mutual and Aetna**).
- 7) Am I covered for telehealth/teletherapy?

If you have one of the above insurance companies but have not met your deductible, I will bill your insurance and you will pay, up front, towards the deductible at the contracted insurance rate, which is different for each company. I will be able to tell you the rate after you have contacted your company and know the above information. The contracted rate is less than the billing rate which is, \$135 per individual counseling session 50-60 minutes, and \$150 for initial intake session.

**\*IF THEY CANNOT LOCATE ME BY NAME PLEASE TRY THE NPI#.**



**Insurance Information**

\*INSURANCE COMPANY &/or Payer ID #: \_\_\_\_\_

\*Name of Insured Employee: \_\_\_\_\_

\*Member #: \_\_\_\_\_

Name of Company as on Card: \_\_\_\_\_

Name of Insurance Plan as on Card: \_\_\_\_\_

\*Group name or number: \_\_\_\_\_

\*Date of Birth of Insured Employee: \_\_\_\_\_

\*Address of Insured Employee (please include zip code):

St. Address:

City:

State:

Zip:

Phone number of insured Employee: \_\_\_\_\_

Provider phone number on the back of your card: \_\_\_\_\_

\*required



### **Payment Policies**

- 1) Payment for services is the sole responsibility of the client or in the case of minors, the client's custodial parent/s or guardian. CONTACT your insurance company to be clear about your benefits. If your company fails to pay for any reason, you are required to pay your balance in full.
  
- 2) Please let me know of any insurance changes immediately, or if you policy has restarted.
  
- 3) When you make an appointment, that time is reserved for you. As stated in your Consent for Treatment, 48 business hours notice is needed for cancellation for any reason. My less than 48 hours cancellation/missed appointment rate is \$80. This is an out of pocket billing rate, regardless of if you are billing insurance or not. Insurance does not reimburse for missed appointments. Please give me at least 48 hours notice should you need to cancel or reschedule to avoid this fee.
  
- 4) Payment of co-pays or payments towards your deductible are due at time of each session.
  
- 5) If for some reason you are not paying on your account the focus of our conversations will be this concern until payments have resumed. I may delay making further appointments until payments are made regularly.



**Payment Agreement**

Name of Responsible Party (print **your name here**) \_\_\_\_\_

I understand that the fee for services provided by Jessica Tupa of Tupaco Counseling & Integrated Wellness, LLC is \$180.00 for the initial/intake/ Diagnostic Assessment session. Thereafter, ongoing therapy sessions are billed as follows: \$155.00 per 50-60 minute session, **or the contracted rate with my insurance company. (This is normally less than the above listed amount).** I agree to pay Jessica Tupa 100% of all fees associated with session attended by (client's name) \_\_\_\_\_.

Please initial the statements below.

I agree :

To pay:

\_\_\_\_\_ My insurance deductible (if applicable), then my co-payment is due at the time of service.

\_\_\_\_\_ My insurance is expected to pay in full. However, if my insurance company fails to pay as expected for any reason, I agree to pay my balance in full.

\_\_\_\_\_ I may request payment options if I prefer not to bill my insurance.

\_\_\_\_\_ other: \_\_\_\_\_

I am aware that cancellations without 48 business hours notice, for any reason other than mutually agreed upon emergency will be billed direct to me at \$80 per session and that insurance does not cover or reimburse that missed appointment.

I have read the Payment Information and Policies attached. I have had the opportunity to ask questions. My signature below is evidence of my full agreement with the above Payment Agreement and indicates my understanding of the Payment Information and Policies.

Client Signature: \_\_\_\_\_ date \_\_\_\_\_