

Ann Bowen, LMFT, LPC, NCC
Gateway Counseling
20901 Torrence Chapel Rd, Suite 101, Cornelius, NC 28031
704-402-3101
abowencounsel@gmail.com

Insurance and Financial Policies

Health insurance is a contract between you, your employer and your health insurance company. Each policy has different rules regarding which services are allowed, deductible amounts, how you are charged, where lab work is sent, etc. *You are responsible for knowing the terms of your health contract benefits.*

We need all of the information on the forms included in this packet as well as a copy of your insurance card(s). Be sure to give us your primary AND secondary cards if applicable. If the time frame for submission of a claim lapses due to incorrect information, you are responsible for those fees.

Prior approval is required for most mental health treatment. You are responsible for getting the initial authorization number. Please provide it on the attached **Insurance Verification Information Sheet**. Additionally, some policies require that your Primary Care physician refer you to us. In those cases, you must be certain that he/she knows to send us such referral prior to your first visit.

YOUR FAILURE TO OBTAIN THE PROPER REFERRAL OR INITIAL AUTHORIZATION WILL MAKE YOU FULLY RESPONSIBLE FOR OUR FEES.

You may be limited by your policy in the number of mental health visits per year allowed or you may have a dollar limit ("cap").

At the time of service, deductible, co- payments and/or your percentage of fees are payable. Any balance due after your insurance company pays or denies your claim is payable BY YOU when billed. If we have to use an outside agency to collect the balance on your account or obtain current address, insurance information, etc., an administrative fee will be billed to your account.

Additional Fees may also include:

1. Form letters, reports, etc. are subject to an administrative charge.
2. Missed appointments, not cancelled 24 hours in advance, will be charged to you AT FULL FEE even if you did not receive a reminder.
3. There will be a fee of \$25.00 for any returned checks or payments non-processable.
4. Any involvement in court procedures, depositions, or testimonies are billed at \$400.00 an hour.

Please remember you are the policyholder. If your insurance fails to pay on a timely basis, (within 90 days), we will send you a Statement of Account notifying you that your claim is unpaid, at which time you are responsible for full payment.

Your signature below indicates that you fully approve and understand the above.

Signature _____

Date _____