



ALPHARETTA

316 Maxwell Rd., Suite 100
Alpharetta, GA 30009

BUCKHEAD

2964 Peachtree Rd NW, Suite 760
Atlanta, GA 30305

CUMMING

5975 Parkway North Blvd., Suite D
Cumming, GA 30040

Payment Authorization

Our top priority is to provide you with the most effective and efficient services. Our automated payment program is designed to make your experience with us as convenient as possible. It streamlines the billing process, eliminates monthly statements, and ensures the security of your payment information using key-encrypted storage. This system also gives you the flexibility to choose another payment method at the time of service by going into your patient portal and updating the payment information.

Focus Forward Counseling and Consulting's Credit Card on File Policy requires you to have a valid credit card on file while you are a patient of Focus Forward Counseling and Consulting, Inc. **This information must be entered into your electronic health record at the time of the initial registration** and we may also request it at any time thereafter to keep it current. You understand and agree that you are responsible for maintaining, at all times, valid credit card information and updated insurance card(s) on file with Focus Forward Counseling and Consulting, Inc.

Initials:_____

Charges to your credit card will be determined as follows:

Copays / Coinsurance / Deductibles / Self-Pay Charges - All copays are due at the time of service per your contract with your insurance company; self-pay fees are also due at the time of service. If you have a deductible or co-insurance after your insurance company has processed your claim (typically within 7-28 days from the date of service), your authorized method of payment will be automatically charged.

Late Cancellation or No-Show Charges for Counseling Sessions - We understand that your time is valuable, and we strive to respect the time of our providers and other clients. Therefore, these charges are generated only if you fail to show up for a scheduled appointment, or if you do not give adequate notice (two or more business days) for canceling or rescheduling an appointment. A \$105 charge will be assessed for each late cancellation or no-show and your authorized method of payment will be charged. Please note that cancellation and no show charges are not eligible for HSA reimbursement and they are not eligible for insurance processing or reimbursement. We appreciate your understanding and thank you in advance for respecting your therapist's time.

Insurance - Your health benefit plan is an arrangement between you, the enrollee, the insurance company, HMO, or your employer. **Your health benefit plan determines your coverage, and any requirements for prior authorization or referral establish the limit on your coverage for mental health services.** We cannot know the benefits and exclusions of each client's policy. You are responsible for knowing and understanding your coverage and benefits, including deductibles,

co-payments, or coinsurance. Even when Focus Forward verifies such eligibility and benefits, this is a quotation of benefits, not a guarantee of coverage. Final determination of payments will be determined when the insurance company adjudicates your claims. It is also your responsibility to know if your insurance has rules or regulations requiring referrals from primary care physicians, pre-certification, limits on outpatient charges, or specific physicians or clinics to use. By signing below, you agree to accept full responsibility for co-payments, deductibles, and other services provided to you that are not explicitly covered by your insurance plan or denied due to the absence of authorizations/referrals you are obligated to obtain under your insurance plan.

Non-covered and Denied Charges - A non-covered service is any service that your insurance carrier denies due to benefit descriptions or limitations, policy exclusions, or pre-existing waiting periods. They are denied because they fail to meet the insurer's standards of medical necessity. For example, relationship issues such as couples or marriage counseling are often denied because they are not always considered by insurers medically necessary. You will be responsible for denied services.

Updating Information - Please be sure we have the most current demographic and insurance information at all times. It is your responsibility to provide us with this information. The information you provide us must match the information you provide the insurance carrier. Filing insurance claims with the wrong information delays processing and may increase the client's financial responsibility. Please note that if you fail to provide us with correct insurance information, we will not re-file a claim to the correct insurance after 30 days and the balance will become your financial responsibility. This means that you may have to pay the full amount of the service if your insurance does not cover it due to incorrect or outdated information.

Collections We take the security of your personal information seriously and reserve the right to use a collection agency to collect outstanding debts and the right to terminate services for non-payment. Reasonable collection or attorney fees may be incurred for the collection of unpaid balances. Should a balance be placed in collections you will be responsible for collection fees. In the event collection services are utilized, the protection of private information is not guaranteed.

By signing below, I authorize Focus Forward Counseling and Consulting, Inc. to charge the payment method I place on file in my Electronic Health Record. I certify that I am an authorized user of the credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to what has been indicated in this form.

Client Name (printed) _____

Signature _____ Date _____

Please check this box if you would like all your previously accrued balances prior to today's date charged to this same payment method.