Barbara Lauer, LCSW

Insurance Agreement

SERVICE FEES

	Intake	Ongoing	Group
	$175	*$175*	*$60*

- Payments must be made when services are rendered, at the time of the session.
- Please plan to share your credit card information at the end of the first session. It is stored securely in Square, and payments are run after each session. Please let me know if your card number changes.
- You must cancel appointments 24 hours in advance or you will be charged a $50 fee.
- Non-payment for two consecutive sessions will require the negotiation of a payment plan and review of this Fee Contract.
- Services may be discontinued due to non-payment.

INSURANCE

- If I choose to use my insurance, I understand that diagnosis and treatment information will be shared with my insurance company for billing and treatment authorization.
- I understand that I remain responsible for co-pay, coinsurance, and deductible amounts.
- I will report any insurance changes and/or discontinuation of coverage.
- I remain responsible for all fees refused or unauthorized by my insurance plan.

PRIMARY INSURANCE

Insurance Co.	Subscriber Name	DOB	Member ID	Group #

SECONDARY INSURANCE

Insurance Co.	Subscriber Name	DOB	Member ID	Group #

SIGNATURES

Please complete and return this form to your provider.

Printed Name

Date

Signature

Date of Birth

Parent / Guardian (if applicable)

Date

By signing above you acknowledge that you have read and agree to the terms of this agreement.