

Old Towne Counseling & Wellness

7489 Right Flank Road | Suite 330 | Mechanicsville, VA 23116
Office 804-398-8401 | Fax 804-789-8881
www.otcounseling.com

Insurance, Co-Payments, Coinsurance and Deductibles

Please note that Old Towne Counseling Services, LLC will bill your insurance company after your first session to determine the amount of your copayment, coinsurance and/or deductible. All individuals are responsible for contact to their insurance companies directly to obtain the most up-to-date information about their benefits and eligibility for outpatient therapy. You may discover that you have a deductible that must be met before your insurance carrier will cover the cost of your sessions or that your copayment is higher than expected. As outpatient providers we do not have any role in determining what your insurance plan will or will not cover and/or the amount that you are required to pay towards the cost of the sessions. While we will do all that we can to advocate for insurance to cover your services, it is important to keep in mind that you are ultimately responsible for any unpaid portion of your bill. We will always collect the PCP copayment listed on your card, however once billed that copay may be more and you will be billed accordingly.

Secondary Insurance

Old Towne Counseling Services, LLC will submit claims to your primary insurance **only** on your behalf. If you have coinsurance, copayments or deductibles payment is expected at the time of service. We will provide you a copy of your primary insurance claim upon request within five (5) business days of your request to assist you in filing your secondary insurance claims. Medicare and Medicaid secondary will be filed as required and is the only exception.

Assignment and Acknowledgement of the Financial Policies

- I assign my right to receive payment of authorized benefits to Old Towne Counseling Services, LLC.
- I request that payment of authorized benefits be made on my behalf to Old Towne Counseling Services, LLC. for any services furnished by Old Towne Counseling Services, LLC, providers.
- If my Health Insurance Plan will not direct payment to Old Towne Counseling Services, LLC., I agree to forward to Old Towne Counseling Services, LLC. all health insurance payments which I receive for the services rendered by Old Towne Counseling Services, LLC. and its providers.
- I authorize Old Towne Counseling Services, LLC. or any holder of medical information about me or the patient listed above to release to my Health Insurance Plan such information needed to determine these benefits or the benefits payable for related services.

I further acknowledge and agree:

- I am responsible for all charges for services provided to the patient listed above which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan. I agree to pay all charges which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan.
- I further agree I will reimburse Old Towne Counseling Services, LLC. for all costs, expenses and attorney's fees that may be incurred to collect those charges should this account become delinquent..
- That this financial form with assignment of benefits applies and extends to subsequent visits and appointments at Old Towne Counseling Services, LLC.

I certify that I have read and understand the above statements, that all of my questions have been answered to my satisfaction, and that I agree with each statement above.

Patient/Person Legally Responsible

Relationship to Patient

____/____/_____
Date