WILSON COUNSELING, LLC

HEALTH INSURANCE INFORMATION

DATE: _____ NEW or UPDATED THERAPIST: _____

CLIENT NAME: _____ GENDER: MALE/FEMALE

CLIENT DATE OF BIRTH: _____ CLIENT SSN: _____

IF OTHER THAN CLIENT, PERSON(S) RESPONSIBLE FOR ACCOUNT: _____

____ I understand that each parent is equally responsible for payment of out-of-pocket expenses and that it is not the obligation of this agency to manage percentages.

CLIENT ADDRESS: _____
Street City State Zip

PHONE: _____

EMAIL ADDRESS TO RECEIVE MONTHLY STATEMENTS: _____

___ I understand it is my obligation to ensure current health insurance information has been provided and I hereby accept responsibility for amounts not covered by insurance.

PRIMARY INSURANCE: _____MEMBER ID: _____
POLICY HOLDER'S NAME IF DIFFERENT THAN CLIENT: _____
POLICY HOLDER'S EMPLOYER: _____
POLICY HOLDER DATE OF BIRTH: _____ POLICY HOLDER SSN: _____

SECONDARY INSURANCE: _____MEMBER ID: _____
POLICY HOLDER'S NAME IF DIFFERENT THAN CLIENT: _____
POLICY HOLDER'S EMPLOYER: _____
POLICY HOLDER DATE OF BIRTH: _____ POLICY HOLDER SSN: _____

_____

CREDIT CARD AUTHORIZATION (optional)

I HEREBY GIVE CONSENT FOR THE FOLLOWING CREDIT/DEBIT CARD TO BE MAINTAINED ON FILE FOR CHARGES INCURRED AT WILSON COUNSELING.

Name as it appears on Credit Card: _____
Credit Card #: _____
Security Code: _____
Expiration Date: ____ / ____
Billing Zip Code: _____

Wilson Counseling
LIFE CAN BE GOOD

Court

As an expert witness, significant preparation is necessary for court testimony or deposition. A subpoena compelling testimony is needed for records. A Deposit of $400 (1 hour of preparation and 1 hour of testimony) is due once subpoena is received. If testimony of more than an hour is anticipated, an estimate can be provided. The party issuing the subpoena or requesting a report will be responsible for fees. For any refund to be considered, 72 hours notice of court cancellation is required. An invoice can be provided upon request at any time. **These services are not covered by insurance.**

** Court appearance-in person	$250/hour
** Court preparation (1-hour minimum)	$150/hour
** Court reports/consultations	$150/hour
** Court travel	$150/hour

Missed Appointments

Clinicians are hourly staff. Most often, clinicians have clients seeking appointments who must wait for an available time. For this reason, it is important that you make every effort to keep scheduled appointments or to provide adequate notice of need to cancel so that other clients may have access to that time slot.

24-hour notice of cancellation is required. A fee of ** $25 will be charged for no-shows or less than 24-hour cancellation after the 2nd occurrence. These fees must be paid prior to scheduling another appointment. **These fees are not covered by insurance.** Persons with Medicaid will not be charged this fee, though clinicians may choose to transfer services to another agency.

Records

Clients are entitled to one free copy of medical records. Additional fulfillment of record requests beyond one free copy will be charged to the party making the request in 15-minute increments at **$130/hour. These fees are not covered by insurance. Please allow 10 days after making request.

** Indicates services NOT covered by insurance

[1] Due at the time of service

I have read, understand, and agree to the above terms.

_____ _____
Client/Guardian Date

_____ _____
Client/Guardian Date

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