Spence Counseling Center PC
12035 Q Street • Omaha, NE 68137
PH:402.991.0611 • Fax: 402.991.6228 • www.spencecounselingcenter.com

Financial and Billing Information

Insurance

1) I hereby give consent to Spence Counseling Center for myself and/or my dependents in the evaluation and treatment regarding my therapy that may be advisable or necessary in their opinion.
2) Spence Counseling Center will as a courtesy call the insurance company for medical benefits on your policy. While we attempt to obtain the most accurate and up-to-date information, benefits cannot be guaranteed until the insurance has processed the claim. Your therapist will provide a benefit sheet at your first session.
3) Our office will file all insurance claims; however, not all providers are participating with all insurance plans. It is ultimately the client's responsibility to ensure coverage at the time of service.
4) I authorize any holder of medical information on myself and/or my dependents to release said information needed to determine benefits payable for medical services. I further authorize payments for services furnished to myself and/or my dependents be made payable to Spence Counseling Center.
5) I agree to notify Spence Counseling Center as soon as possible if my name, address, phone, or insurance information changes. If insurance coverage changes, I will bring in the card(s) as soon as possible.
6) Clients who begin treatment as a cash client and then change their mind to use insurance will only be allowed to use the insurance card from the point it is presented to Spence Counseling Center. We will NOT go back, and process claims on previous dates of service.

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Payment

1) I understand and agree that **I must notify Spence Counseling Center within 24 hours to cancel or change an appointment** for myself and/or dependents. **If not, I will be billed and agree to pay the fee of $75.00.**
2) Having insurance coverage does not guarantee payable benefits. I understand that I am responsible and agree to pay for any deductibles, co-pays, co-insurances, or any amounts not covered by my insurance which are due AT THE TIME of SERVICE unless other payment arrangements have been made with the office.
3) **I understand that if I am late to my appointment by 15 minutes, I may be charged a late notice fee of $40.00. This is a cash fee that is not payable by my insurance company that I will owe.**
3) I also understand that if my account is not paid within 90 days of receiving my first bill, my account may be turned over to a collection agency. Clients with accounts turned over to a collection agency will be responsible to pay a $50 administrative fee to Spence Counseling Center prior to seeing a therapist again. They may also be required to pay cash at the time of each session for future appointments.
4) If you choose to put a credit card on file with Spence Counseling Center and the credit card declines more than two times for services, your account will be charged a $25.00 service fee for each occurrence. You can NOT use an FSA/HSA for decline or cancellation fees.

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Collections Notification

I agree and understand that any cellular or landline phone numbers and email addresses provided by myself to this office to any of our service providers, including, but not limited to, third-party debt collectors, now, and in the future may be used to contact me for any reason, including but not limited to billing and collecting payment. Our service providers may leave messages for me manually and by using automatic systems such as by artificial or pre-recorded voice or text messages. In the future, should I acquire a new or different cellular, landline or email address, I agree that this consent would stay in effect.

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Legal or Court Requirements *(If applicable)*

If your therapist is requested to present their mental health evaluation or counseling session information in any type of court proceeding, deposition, appearance, or any other type of legal action that requires records or an appearance for deposition or other legal proceeding, **I understand and acknowledge this service will be charged at their legal rate, which is twice the fee per hour of individual therapy** and it will be prorated in quarter-hour increments. I understand that I will also be charged for travel time to and from legal proceedings, review and preparation of reports or records, actual time spent in court, and any other time devoted to the legal proceedings. In cases settled out of court or rescheduled, the fees above will still be charged. **All fees MUST be paid prior to the release of records or reports and/or prior to scheduling any legal appearances.** According to Nebraska Statute 71-8404 Access Charges, a provider may charge no more than a $20.00 handling fee and $0.50 per page copying fee.

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For more information on our Terms and Services policy, please visit our website at www.spencecounselingcenter.com.

Client or Guardian Signature	Print Name *(if different than client)*	Date Signed