



InSight Psychology and Behavioral Health Services LLC
 305 N. Heatherwilde Blvd., Suite 310
 Pflugerville, Texas 78660
 Phone: (512) 704-8349, Fax: (512) 693-4006
www.InSightpbhs.com

Client Name: _____

Provider Name: _____

INSURANCE CONSENT FORM AND PAYMENT AGREEMENT

INSURANCE:

- Paying for behavioral health services using your personal money is referred to as “private-pay or out-of-pocket pay”. If you choose to pay for services using your own money (no insurance) you must pay your provider’s established fee prior to entering your counseling session and/or before receiving any other behavioral health service.
- It is our policy to collect payment prior to your session. Your session will be rescheduled if payment is not made.
- If you choose to use insurance (e.g., Blue Cross, United, Cigna etc.), it is your responsibility to know your insurance benefits and provide our office with your current insurance information.
- Although your insurance carrier may confirm you have some form of benefits, this is not a guarantee of payment and you are responsible for any unpaid balance.
 - If you have not met your annual deductible, you are responsible for full payment of the rate established by your insurance company.
 - It is your responsibility to contact your insurance company to determine how much of your deductible has been met. *If you are seeing other doctors for medical reasons and paying toward your deductible, we will not have knowledge of the most recent information since payments can take up to 30 days to post.
- Your insurance company will set your copay or coinsurance payment. (For specific questions regarding copay, or coinsurance, contact your insurance company).
 - Insurance companies determine how much they will pay for a service and rates differ from company to company. It is common for insurance companies to pay part of the rate/fee and you pay a portion in the form of a copay or coinsurance.
 - Insurance may cover some, all, or none of your services.
 - “You” are ultimately responsible for paying for all services provided to you, not your insurance company.
- Please be aware that your insurance carrier may deny payment for your services for different reasons, including “diagnosis not meeting medical necessity”.
 - If a request for payment, aka “a claim” is denied, you are responsible for paying InSight Psychology and Behavioral Health Services LLC the full contracted amount, as determined by your insurance provider.
- InSight staff and contractors are not bound to obtain your insurance benefits and elect to do so as a courtesy. For any and all concerns about your coverage, please contact your insurance company.

My signature below certifies that I have carefully reviewed the information contained in this document and agree to all terms and conditions. I fully understand the limitations of using insurance for payment for my behavioral health services and recognize my insurance company may not cover the services I am electing to have provided to me. I understand that I may pay for my services via credit card, check or exact cash payment. I understand that if for any reason, I cannot pay for my session or do not have exact dollar amount, the session will be rescheduled. I understand that InSight Psychology and Behavioral Health Services LLC does not give cash or coin change. I agree to pay a No-Show fee of \$50 if I cancel a service with less than 24 hours’ notice. I further acknowledge that I am personally responsible for the full payment of all services provided and agree to pay any outstanding balance left unpaid by my insurance company.

 (signature of client, or parent of minor)

 (date)

 (printed name of client, or parent of minor)