

Florida Healthy Minds, Inc.
Polly A. Charette, LCSW
904-419-7327

INSURANCE AGREEMENT

(Please read carefully, this is very important!)

As a service to you, Polly A. Charette, LCSW, will bill your insurance company. Due to the rising costs of healthcare, however, insurance benefits have become increasingly more complex. Although Polly Charette, LCSW is extremely thorough and spends a great deal of time ascertaining your benefits at the forefront as well as filing your claims accurately, she still cannot guarantee that your insurance company will follow through with their original statement of benefits. In some cases, insurance companies have been known to change benefits in the middle of a policy year without notification to us as the provider. In other cases, session visit limits, deductibles, or maximum allowables may vary from those originally quoted to us, thereby altering or altogether preventing claims from paying in accordance with the benefits she as the provider has on file. , it is her policy to have a credit card on file for each client planning to use insurance. Please know that she will only charge your card as last resort, and she will never charge this card without notifying you first. However, if you feel strongly about not keeping a credit card on file with us, you have two alternative options as listed below. Please place a check mark next to the option that you prefer:

Credit Card Option: I would like Polly A. Charette, LCSW to collect only the deductible and the percentage that I'm required to pay according to my insurance company after each visit. As a courtesy, Polly A. Charette, LCSW will then file my claim for me in order to receive the remainder of the payment due. Occasionally, insurance carriers elect not to pay a claim for one reason or another. In the event that this happens, I authorize Polly A. Charette, LCSW to charge my credit card for the remaining balance. However, I also realize that Polly A. Charette, LCSW will never charge my card for a claim without first notifying me.

Credit Card Information Required:

Name as it appears on your card: _____

Credit Card Number: _____

Exp. Date: _____ Security Code (last three or four numbers on the **back** of your card): _____

Credit Card Billing Information: _____
Street Number (street name not required) Zip Code

Client Signature: _____
Signature indicates that you agree to allow your therapist to make charges on your card without you present.

Alternative Option 1: I would like Polly Charette, LCSW to provide me with a receipt for services that will serve as documentation for my insurance company to receive reimbursement. Polly A. Charette, LCSW will answer any questions I have and assist me in filing my own claim. I realize I am require to pay for therapy in full at the time of service; therefore, I am not required to leave a credit card on file with Polly A. Charette, LCSW. I also understand that my insurance company will reimburse me directly.



Alternative Option 2: I would like Polly Charette, LCSW to file my insurance claim as a courtesy to me. I realize that I am required to pay for therapy in full at the time of service, and I do not have to have a credit on file with Polly Charette. She will reimburse me as soon as she receives payment from my insurance company. I also realize that my insurance company is required to send out an Explanation of Benefits (EOB) statement to their policy holders every time they pay or decline a payment. Although Ms. Charette will notify me when she receives a payment, I should also be able to keep track of any payments she receives through my EOB statement.

Additionally, it is her ethical obligation to be sure that you are aware of the following information regarding insurance companies. Most insurance companies require mental health practitioners to disclose certain information about their clients in order to receive benefits. First and foremost, they always require a diagnosis. Frequently, they require additional information to justify ongoing treatment. This information includes physical health concerns you may have, psychosocial stressors (such as problems in relationships, work, etc.), and your general level of functioning. Insurance companies often require treatment plans, and they occasionally require copies of the therapist's notes. It is Ms. Charette's policy to protect your confidentiality by providing only the information that is absolutely necessary. All of this information will become part of the insurance company's records and is usually stored in a computer database.

We have a 24-hour cancellation policy. If you cancel an appointment with your therapist with less than 24 hours notice, you will be financially responsible for this session. Since insurance companies do not pay for missed sessions, you will need to pay for the full amount of your session rather than just your co-pay. This can be charged to your credit card on file or you can alternatively elect to pay cash or check. Additionally, it is your responsibility to make sure that Ms. Charette always has the most up to date information on file regarding your insurance company as well as your most up to date contact information.

I have read the above policies, and I accept this Insurance Agreement.

Client's Name (Please Print)

Client Signature

Date