CLIENT LEGAL NAME AS SHOWN ON INSURANCE CARD: ____________________________

CLIENT PREFERRED NAME: ____________________________ CLIENT'S DATE OF BIRTH: __________________

FINANCIAL COVENANT AGREEMENT

The Center for Counseling & Wellness

_____ **INSURANCE** (*Fill out this section if you are using insurance to pay for treatment*)

PRIMARY INSURANCE CARRIER:

Name of Insurance:	Policy #
Policy Holder:	Relationship to client:
Home Address:	City, State, Zip:
Policy Holder's Date of Birth:	Phone #

______ **SECONDARY INSURANCE CARRIER:**

Name of Insurance:	Policy #
Policy Holder:	Relationship to client:
Home Address:	City, State, Zip:
Policy Holder's Date of Birth:	Phone #

_____ **PRIVATE OR THIRD-PARTY PAYMENT** (*Fill out this section if insurance is not applicable*)

Sliding Fee Scale:	**Third Party Payor:**
Agreed Amount: ___________ Staff Initials: _________	Name: _____________________________________ Address: _____________________________________ Contact Number: ___________________________

AUTHORIZATION AND RELEASE

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I understand I am personally responsible for payment of all insurance co-pays and deductibles regardless of any insurance payments made to The Center for Counseling & Wellness (The Center). I authorize The Center to release all information necessary to process any insurance claims or third-party payment**. I authorize payment of insurance benefits directly to The Center**. I understand the <u>**Late Cancellation fee of $50**</u> is not covered by insurance and is accordingly my responsibility (*does not apply to Medicaid clients*). <u>**There will be a $25 fee for all returned checks.**</u> **I understand if I am a self-pay client, I have the right to a good faith estimate of the cost of each visit and the agreed amount above is such an estimate.** I further understand my account needs to remain current to continue in the counseling process.

____ ____________________________

Client Signature/Parent or Guardian Signature if Minor Date