



# Grow Yourself Great Counseling and Consulting, PLLC



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Charlotte, North Carolina 28269

<b>Consumer's Name:</b>	<b>Date of Birth:</b>	<b>Record #:</b>
<b>Legal Guardian:</b>	<b>Insurance:</b>	<b>Policy #:</b>

## FEES AND INSURANCE

Grow Yourself Great Counseling and Consulting, PLLC (GYG, PLLC) appreciates you considering us as your mental/behavioral health provider. As a part of the delivery of mental health services, we have prepared important information about fees, insurance, client responsibilities and related policies. **PLEASE READ THIS CAREFULLY** and if you have any questions, please discuss them with us.

We accept the following insurance:

Blue Cross/ Blue Shield, United Behavioral Health, Aetna, Tricare, Medicaid, NC Health Choice, Self-Pay/Private Pay

As a courtesy, we file your insurance for you, but must have your full insurance information, including secondary insurances in order to do so. Payment for co-payments, co-insurance and deductibles are expected when services are rendered. If insurance payment is not received within ninety (90) days after a claim is filed, the client is then responsible for payment of the total amount due regardless of any outstanding secondary insurance payments. It is your responsibility to follow-up with your insurance company for delayed payments or other concerns.

While we try to avoid situations in which insurance coverage is expected but later denied, we cannot guarantee the service provided will be reimbursed. It is up to you to know your and/or your child's insurance coverage, including knowledge of payment amounts and yearly deductibles.

### **FINANCIAL RESPONSIBILITY**

The client (or referring parent in the case of minors) is considered responsible for payment of professional fees. It is the client's responsibility to know if services are covered and the amount of their deductible and/or co-payment. When we are asked to bill a third-party such as an insurance company, and that third-party fails to make timely payments, payment is expected from the client or referring parent that signed the consent for services. The client will be responsible for fees for claims that are denied (e.g., due to exceeding the number of available sessions, if new coverage has not begun or if insurance has changed, filing past the insurance carrier's time limit, etc.)

### **BILLING**

While payment at the time of service is expected, we bill monthly for outstanding balances and to keep you up-to-date regarding the status of your account. Refunds will also be mailed on a monthly basis.

### **PAST DUE ACCOUNTS**

We send out several letters to clients with past due accounts in an effort to provide an opportunity to pay in full or make payment arrangements. If a client has not made good faith efforts to pay their bill, the overdue account may be assigned to a collections agency and all collection costs associated with the debt will be the client's responsibility. We also reserve the right to assign the account to small claims court, depending on the total balance due.

I have read, understand and agree with the provisions of this policy.

**Consumer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Legal Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**GYG Staff's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_