

**Insurance, Payment and Fee Consent**

Forensic Therapy Wellness (FTW) accepts insurance from United Healthcare and Blue Cross Blue Shield of Louisiana. If we are not in-network with your insurance company, we can provide you with the necessary documents to file on your own.

I have been informed that if I do not want to file with my insurance then I will be responsible for a payment of $150 for the initial session and $100 for subsequent sessions or a sliding scale payment (on an individual basis) that will be determined on my first session. Payments will be collected at the end of each session.

I have been informed that in order for FTW to file with my insurance, confidential information will be disclosed such as and not limited to my name, psychiatric diagnosis and date and time of session(s).

◻ I will not be filing with my insurance (through FTW or on my own).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(print name)**, authorize Forensic Therapy Wellness to bill my insurance for all services rendered during my care. I am expected to pay my co-pay (if any) at the time of service. I have been notified by FTW staff that I am responsible for any cost that my insurance does not cover.

If you need to cancel or reschedule your appointment, you are expected to contact the FTW office (985) 266-3523 at least 24 hours prior to the scheduled appointment. If you fail to call at least 24 hours prior to your scheduled appointment or do not show to your scheduled appointment then you will be billed the amount of the session.

\_\_\_\_ **(initial)** I understand that if I do not cancel or reschedule my appointment 24 hours prior to the scheduled appointment or if I do not show for my scheduled appointment, I will be billed the full amount of the session.

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Client or Parent/Guardian signature Date