

Good Faith Estimate & Insurance Filing

WELLNESS & COURAGE, LLC

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WELLNESS & COURAGE

GOOD FAITH ESTIMATE & INSURANCE FILING

Insurance:

In exchange for Wellness & Courage agreeing to pursue my insurance provider for payment of benefits due me for services, among and along with other valuable consideration, I, the client, hereby irrevocably assign Wellness & Courage any and all medical payment benefits available under any insurance policy in which I may be entitled as a result of, or related to services rendered.

I understand that it is my responsibility to understand the benefits covered under my insurance policy. While Wellness & Courage offers to provide me a quote of what to expect for my appointments, I understand that this is just a courtesy service and is simply an estimate.

Although Wellness & Courage, as a courtesy, works hard to give you the most accurate representation of financial obligation, sometimes insurance companies process claims differently than defined by the provided database by which Wellness & Courage utilizes to provide estimates.

In this case, I understand that I am financially responsible to Wellness & Courage for all charges not covered by my insurance policy and promise to pay them.

In the event that collection of this account has to be assigned to an attorney or collection agency, I agree that I will be responsible for the cost of collection.

If I do not have an insurance provider accepted by Wellness & Courage or if insurance does not cover a session, for whatever reason, I will be charged at the self-pay rate and payment will be collected at time of treatment.

Self Pay Rates:

Initial Assessment-\$200.00

Individual Therapy-\$160.00

Family Therapy or Couples Counseling-\$180.00

PAYMENTS:

I understand that all copayments, deductibles, and/or payments for services will be collected at the time of service. I also understand that all remaining balances, after processing of my insurance benefits, and late cancel/no show fees will be pulled from the card on file.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.