



Whole & Inclusive Counseling, PLLC

Patient's Name: _____ Date: _____

Insurance Reimbursement

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Because you are responsible for payment of services, it is very important that you find out exactly what mental health services your insurance policy covers. We are willing to help you receive the benefits to which you are entitled.

Be sure to read the section in your insurance coverage that describes mental health services. If you have questions about the coverage, call your plan administrator. If it is necessary, we are able to call the company on your behalf to obtain relevant information and clarify coverage for mental health services.

I have read and understand that I am responsible for any fee that my insurance company does not cover.

Patient's Signature: _____

Payment Authorization

I, _____, authorize **Whole & Inclusive Counseling, PLLC** to charge my credit card listed below at each visit, effective immediately, for the copayment and/or balance due on my account. I authorize **Whole & Inclusive Counseling, PLLC** to save the credit card listed below on file and to process this credit card as "Card on File" (without the card present). This payment authorization is valid and in effect unless I notify **Whole & Inclusive Counseling, PLLC** of its cancellation by written correspondence or during an in-person visit.

Credit Card Information

Card Type: _____

Account Number: _____

Expiration Date: _____ CVV: _____ Zip Code: _____

Cardholder's Name: _____

Cardholder's Signature: _____