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DEAR PATIENT,

During the past decade, Counseling & Psychiatry benefits have become an integral part of health care planning for many families. **Benefit plans may vary considerably from one plan to the next.**

The range of benefits depends solely on what the individual insurance plan offers to employees or members. Some plans exclude certain types of services, such as Psychiatry, while other plans cover a full range of services. **Some plans contract out for mental health services; therefore, your coverage may not be through the company listed on the front of your insurance card. Diagnosis must be used for insurance claims.**

Some pointers you should take time to thoroughly read:

- Fees are based on the overhead, the treatment plan selected, and the time it takes to provide clients with the necessary care. Our rate is comparable to insurance rates.
- As a courtesy to you, the staff may complete a claim for the insurance panels we are in network with, though it is your duty to follow up and make adjustments as needed. **It is important for you to know that you are liable for any fees if the insurance company does not pay for services provided.**
- If you direct the insurance company to pay its share of the cost directly to our office after you have paid in full, you will receive credit for the amount and be billed for the balance. Upon receipt of payment from the third-party, the staff will reconcile the amount, and bill or refund any difference when requested by writing.
- If your counseling benefits plan requires a "pre-determination" or "prior authorization", a treatment plan will be submitted by your provider for review by the third-party payer. However, please remember that the financial obligation for treatment is between you and this office.

You release 3rd party billing. You release us to find out your benefits on line or by phone. You understand that after 2 attempts you are liable for all fees. Stop in, or call, any time you have a question. We are here to help you. You release payment to be taken over phone and credit card swiped if pending **balance is due.**

Signature

Date