

Lifeline Counseling, LLC

Dr. Gary W. Jacobs 8595 Beechmont Ave., Suite 307 Cincinnati, OH 45255 513.402.2273 (402-CARE)

## **Financial Responsibility**

All services require <u>payment upon arrival</u> by cash, check, or credit/debit. We are unable to bill for services. Services may not qualify for insurance benefits or reimbursement, depending on each individual plan. Please give 24 hours notice of cancellation/rescheduling of appointments. Failure to attend or cancellation of appointments within 24 hours are subject to a late cancellation fee, which is not covered by insurance *Please make checks payable to:* Lifeline Counseling LLC

## Self-pay session Fee (60 minute) individual, marriage: \$110

Sliding scale/discounts may be available in cases of financial hardship.

Lifeline Counseling LLC does <u>not</u> accept insurance for couples/marriage counseling. For individuals, Lifeline Counseling is currently a provider with the following insurance:

Anthem Aetna Buckeye Healthplan/Ambetter CareSource Cigna Humana Healthspan Medical Mutual Medicaid Medicare Molina United Health Care/Behavioral Health/Optum

## **Insurance Information**

If you have health insurance, it may pay for part of the cost of your treatment. To find out if this is so, please complete the information requested below.

Patient's name		date of birth	_
Insured's/policy holder's na	me (if other than above)		_
policy holder's relationship	to client:		
policy holder's date of birth		_ phone	
policy holder's employer: _			
Employers Address:	street address		
	city, state, zip		
Employee's home address			_
	street address		
	city, state, zip		

Primary insurance company:		
Mental health carrier:		
I.D.#	Group #	-
Policy phone#		

## Assignment of Benefits and Release of information

I hereby assign, transfer, and set over to Lifeline Counseling LLC all of my rights, title and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I authorize Lifeline Counseling LLC to release my financial information to my guarantor or third party collection agency if further collection assistance is required.

client/policy holder sign

date