



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 payment upon arrival 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 full session late cancellation fee. *Please make checks payable to: Lifeline Counseling LLC*

Self-pay session Fee (60 minute) individual: \$90 couples/family: \$120
Discounts may be available in cases of financial hardship.

Lifeline Counseling LLC is currently a provider under the following insurance providers:

Anthem Aetna Humana Healthspan Molina Caresource (Ohio Just4Me)

Insurance Information

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

Patient's name _____ date of birth _____

Insured's/policy holder's name (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 by financial information to my guarantor or third party collection agency if further collection assistance is required.

client/policy holder sign

date