



Lifeline Counseling, LLC

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

Financial Responsibility

All services require payment upon arrival by cash, check, credit/debit, or HSA card. 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 (50-60 minutes): \$110

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

Lifeline Counseling LLC does not 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 rate: 1st session (60 minutes) \$125

2nd session and following (50-60 minutes) \$120

If you have health insurance, it may pay for all or part of the cost of your sessions. To find out if you must meet a deductible or have a copay, please complete the information requested below:

Insurance Information

Patient's name _____ date of birth _____

Insured's/policy holder's name (if other than above) _____

policy holder's relationship to client: _____ (self, spouse, son/daughter)

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

(Continued on other side)

Primary insurance company: _____

I.D.# _____ Group # _____

Policy phone# _____

If applicable:

Supplemental or Secondary insurance company: _____

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