



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, or credit/debit. We are unable to bill for services. Services may not qualify for insurance benefits or reimbursement, depending on each individual plan. 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.

All **virtual** sessions are offered on a **self-pay** basis only

Insurance Information

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 BlueCross/BlueShield Buckeye Healthplan/Ambetter CareSource Cigna/Evernorth Humana Healthspan Medical Mutual Medicaid Medicare Molina United Health Care/Behavioral Health/Optum UMR

Initial session: \$125 Additional sessions: \$120

Each insurance company contracts with Lifeline Counseling at various billable rates between \$75-\$125

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 name (if other than above) _____

policy holder's relationship to client: _____ (spouse, child)

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: _____

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