

HEALTHY LIVING PSYCHOLOGY GROUP

Date: _____ Patient Name: _____

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will provide you with what other assistance we can in helping you receive the benefits to which you are entitled. However, you, not your insurance company, are responsible for payment of services. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call their company on your behalf.

I have read and understand that I am responsible for any fees that my insurance company does not cover.

Patient/guardian signature _____

PAYMENT AUTHORIZATION FORM

I, _____, authorize **Healthy Living Psychology Group**, to charge my credit card listed below **after each visit**, effective immediately, for their copayment and/or balance due on my account. In addition, I authorize **Healthy Living Psychology Group** to save the credit card listed below on file and to process this credit card as "Card on File" (without the card present). This payment authorisation is valid and to remain in effect unless I notify **Healthy Living Psychology Group** of its cancelation by phone, email, fax, or written correspondence.

My credit card information is as follows:

Credit card type: VISA MASTERCARD DISCOVER HSA Card

Account Number: _____

Expiration Date: _____

Cardholder Name: _____

Signature: _____