

Betty Deere, MA, LCSW

#10201 W. Markham, Ste. 212
Markham Executive Center
Little Rock, AR 72205

Financial Agreement and Insurance Statement

Client's
Name _____ Date _____

I/We agree to pay all charges/copays at the time of service promptly upon presentation, unless credit, insurance, or other arrangements have been agreed upon in writing – at the time of your first appointment. Any charges shown by statements are agreed to be correct and reasonable unless protested in writing within thirty (30) days.

I/We promise that no payment will be delayed or withheld because of any insurance coverage or the pending of claims thereon, and this office will not assume the responsibility for the collection.

It is agreed that for any reason an appointment scheduled by you cannot be kept, I will call this office ten (10) hours in advance of that appointment time to cancel. If I fail to cancel within the allowed cancellation time stated, I understand I will be charged a full session fee, AND that this charge is not billable to the insurance company. This fee must be paid before other appointments can be made.

Financial arrangements for this client are: insurance cash/check credit card (circle).
Credit cards payments over \$50 are charged an additional \$2.50 fee.

INSURANCE INFORMATION

Primary Carrier: _____

Insured Name and DOB: _____

Ins. Address: _____

Ins. Phone: _____ Cell _____

ID#: _____ Auth.# _____

Copay: _____ UnMet Deduct: _____

By signing this form, I authorize the release of any medical or other information necessary to process insurance claims.

Signature of person responsible for this account. Date _____