Lincoln
Pastoral
Counseling
Services

Client Financial Information

Insurance Information:

Client Name_____

Insured's Name_____

Insured's Birthdate_____

Insurance Company_____

Address_____

Phone _____

Policy Number_____

Group Number_____

Discounted Fee Information:
(If not billing Insurance)

Total Household
Annual Income_____

Fee Agreement:
(To be completed with Counselor)

Individual Fee_____

FEES: Individual counseling fees are based on a $150.00 per hour (55 minutes plus 5 minutes allowed for appointment scheduling and fee collection) fee. Individual and group counseling fees are set on an individual basis at the first visit. For those unable to afford the full fee a Discounted Fee is available based on income. The combined contributions of staff, churches, and individuals who support Lincoln Pastoral Counseling Services make this option possible.

Assignment of Insurance Benefits and Payment Guarantee

In consideration of counseling services rendered by Lincoln Pastoral Counseling Services, I hereby assign transfer and set over to Lincoln Pastoral Counseling Services all of my rights, title and interest to healthcare reimbursement. In the event that payment is received from more than one source causing overpayment for this period of counseling, I authorize application of the overpayment to any unpaid counseling bill for which I am responsible.

I hereby authorize Lincoln Pastoral Counseling Services to release to any insurance carrier coded diagnostic and procedural information necessary for the completion of my counseling claim for payment purposes. I release and authorize Lincoln Pastoral Counseling Services to discuss details of my counseling with my insurance carrier and/or designated review agent.

In consideration of the services to be rendered to myself or the patient, I agree to pay Lincoln Pastoral Counseling Services in accordance with the regular rates and terms of Lincoln Pastoral Counseling Services. I further agree to pay the account in full within 45 days from the date of billing unless satisfactory arrangements are made with my counselor.

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Signature of Patient Date

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Signature of Insured or Guarantor Date