7325 NE Imbrie DR, STE 519 Hillsboro, OR 97124 Office: 503-706-3701

Insurance Agreement

Between Shirley Jones, LPC and

Client: ______ pertaining to Insurance: _____

Insurance Policy Summary

- Clients are ultimately responsible for the agreed upon the fees for services rendered.
- Clients may choose to receive services with or without their insurance.
- If using insurance, it is the client's responsibility to be aware of deductibles, copayments, benefit/session limits and other restrictions affecting reimbursement. Clients are responsible for obtaining authorizations & pre-certifications. At this time I am in network for Pacific Source, Cigna, Providence, Aetna, BCBS, and United Behavioral Health. I'm still in progress for being in network for other healthcare providers and will bill insurance regardless of in or out of network.
- Insurance companies typically do not reimburse for missed appointments. If a claim is denied for a 'late cancel' or 'no show' reasons, the client is responsible for the fee for that session.
- I will make reasonable efforts to collect from the primary insurance only. If there are long billing complications and delays by the insurance it may require that the client will pay for the service and the insurance would reimburse them.
- By signing the below the client authorizes Shirley Jones, LPC to release to the above cited insurance any requested client information necessary to process the insurance claim.
- Unpaid balances over 90 day from the date of service may be charged to their credit/debit card which is held on file as a contingency for delinquent payments.

I understand the above policies and agree to abide by them:

Signature: _____ Date: _____

Revised 01/23