

Awareness, LLC  
Adult, Family and Adolescent Counseling

100 Katelyn Circle, Suite B  
Warner Robins, GA 31088  
478-953-2122

Your insurance is an agreement between you and your insurance company. The Awareness therapists will file your health insurance as a courtesy to you. You are responsible for all allowable charges not paid by your insurance company. These may include co-payments, deductibles, non-covered services, no-show fee, or any services not considered by your insurance company to be medically necessary. This applies to Medicare, Medicaid, TriCare, and all commercial carriers.

It is your responsibility to follow-up with your insurance company. After 90 days, if your insurance company has not paid your therapist, you will be expected to pay your balance in full.

If you have any questions regarding your account with your therapist, please feel free to contact our billing specialist at 478-714-6298 or 478-953-2122. We will be happy to assist you with your account.

I, \_\_\_\_\_, have read the above waiver and understand that I am completely responsible for my bill beginning with my first scheduled date of service.

OR

The following financial agreement is made between the patient/guarantor \_\_\_\_\_, and the provider, \_\_\_\_\_.

The patient/guarantor agrees to pay the amount of \_\_\_\_\_ per session for services rendered. Payment is expected to be made at the time of service. Any other agreement is described here: \_\_\_\_\_.

\_\_\_\_\_  
Patient Date

\_\_\_\_\_  
Provider Date

\_\_\_\_\_  
Witness Date