

Awareness Counseling Center

100 Katelyn Circle, Suite B
Warner Robins, GA 31088

Your insurance is an agreement between you and your insurance company. The 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 fees, 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 ask. 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