



AB Counseling, Inc.

PAYMENT CONSENT:

My fee for a 53-minute session is \$150 and additional charges may be billed for crisis/emergent intervention at a rate of \$175/Hour and will be prorated at 10-minute increments.

I am partnered and in network with the following insurance companies:

- Anthem Blue Cross
- Aetna
- BS of CA
- Oxford
- Cigna
- Oscar
- United Health Care
- Kaiser (Southern and Northern, CA)
- Magellan

Depending on your specific Plan, I use Headway and PATH as a platform to also conduct Telehealth Therapy and your rate and cost will be determined by your insurance plan and carrier.

By your electronic signature of this form, you authorize charges to your credit card through AB Counseling, Inc. These charges will appear on your bank/credit card statement as AB Counseling, Inc. You have the right to request a paper copy of this document.

I also work with insurance companies directly and will sometimes discuss billing and claims on your behalf with your insurance provider. I hereby authorize AB Counseling, Inc. and Alex Bailey to discuss and submit billing/claims, and discuss member plan information with your insurance company.

If using Venmo or Zelle, please be advised that your transaction may be public and can compromise your confidentiality.

If you have a deductible or co-payment plan with your insurance, this payment is due on the day of service after your appointment.

I authorize Alex Bailey, LPCC and AB Counseling, to charge my credit card through Square or other third-party services.

CANCELLATION POLICY: I also agree that my credit card can be charged for any session that is not canceled at least 48 hours prior to the scheduled session. For any missed or canceled appointments within 48 hours, a \$100 may be incurred and will not be illegible for insurance reimbursement. You will be responsible for remitting this payment.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AB Counseling, Inc. in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of payment methods provided and will not dispute any scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

Accepted forms of payment:

- Cash
- Credit/Debit Card
- Venmo, Zelle
- Check

Client Name: _____

Client Signature: _____

Date: _____

