



BRIGHT SOUL
COUNSELING & WELLNESS
FIND YOUR INNER LIGHT (AGAIN).

Financial Policy & Insurance Consent

I accept two methods of payment, self-pay and insurance.

Self-Pay:

My fee per session is \$125. All clients who pay out-of-pocket are expected to pay in full at the time of service. Payment can be made in the form of cash or check. There is a \$25.00 service charge for all returned checks. Any other decisions regarding client fees, including sliding scale for payment, are made on a case-by-case basis.

Private Insurance:

I am a participating provider with some health insurance companies, and will bill those health insurance companies for the payment amount agreed upon by contract or accommodation. **Please check with your insurance company to determine if your coverage honors outpatient counseling and/or telehealth services provided by a Licensed Professional Counselor.** A client who wishes to use private insurance to pay for services will be asked to provide his/ her insurance cards so that I can make a copy for my records. I will submit bills to the insurance company. The client is expected to pay his/ her co-pay, which is set by the insurance company.

By using insurance, you are granting permission for me to communicate confidential information to your insurance company. Please remember that I have no control of, or responsibility for how information is handled once it is released to third parties. Please note that many insurance companies require audits that request information about symptoms, diagnosis, and treatment.

Notice of Insurance Coverage & Insurance Change:

Taryn Buffolino, LLC bills services under your insurance company. Typically, the coming new year results in changes of insurance coverage. In some cases, your insurance carrier may change altogether. In other cases there may be changes in your insurance plan that will result in copay changes. Please remember to contact me immediately if your insurance changes for any reason. You are ultimately responsible for the bill

Billing:

It is my expectation that clients will pay their fee or copay at the time of service. However, if a bill is generated, it is the expectation that the client will pay this bill upon receipt.

A. I agree to pay the agreed-upon self-payment of _____, to Taryn Buffolino LLC at the time of service. _____ (Initials)

OR



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B. I have insurance coverage with _____, and assign payment directly to Taryn Buffolino, LLC for all medical/ mental health benefits. If my insurance company does not cover for any reason, I agree that I am financially responsible for all charges. I also hereby authorize Taryn Buffolino, LLC to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I understand that all services provided outside of my therapy session, which are not covered by insurance, will be billed separately. _____ (Initials)

Client Signature _____ Date _____

Therapist Signature _____ Date _____