



DIRECTIONS
COUNSELING GROUP

Third Party Payer Authorization Form

This completed form must be received prior to the initial session. Fax to 614-888-3239.

To be completed by Client

Client: _____ Date of Birth: ___/___/___ Clinician: _____

I understand that I will be financially responsible for missed appointments, late cancellation fees, phone consultations and any indirect services related to my case (i.e.: report/letter writing, talking with my doctors, etc.). The clinician is not permitted to conduct indirect services without my written permission.

Client signature: _____ Today's Date: _____

To be completed by Payer

Contact Person: _____ Phone:(____)_____ Fax:(____)_____

Organization: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Fee structure: Most sessions are 45 minutes in length. The average individual session fee is \$150/session; couples sessions are \$160. Extended sessions may be recommended based on the type of therapy used.

Authorization: I authorize payment for the following services conducted by Directions Counseling Group:

- As many 45 minute sessions as the therapist deems necessary
- No more than ____ (include total) 45 minute sessions
- Up to \$____ /month for ____ months
- Other: _____

By initialing each line below, I understand:

____ Missed appointments, late cancellation fees, phone consults, and indirect client services will be the responsibility of the client.

____ I must provide a credit card to Directions Counseling Group which will be kept on file and charged at the time of service.

____ I will not receive any clinical information about the client unless the client provides a release of information form in accordance with HIPAA regulations.

____ I will receive statements on a monthly basis showing dates of service and service fees via (select one): email: _____ fax listed above mailed to address above

Financially responsible party signature: _____ Date: _____

Credit Card Information:

Type of credit card: Master Card Visa American Express Discover

Number: _____ Expiration Date: ___/___ Zip: _____

CCV: _____ Name on Card: _____