

# DaySpring Counseling

## FINANCIAL ASSIGNMENT AND CONSENT

I agree to pay DaySpring Counseling, LLC. for all psychotherapy services rendered and attest that I have been informed of said charges. I have been provided a copy of HIPAA & Your Privacy Rights and understand that every effort will be made to safeguard my health information.

If psychotherapy services are covered by private insurance, benefits due to me under existing policies are hereby assigned to the above named provider. I permit a copy of the signature on this release to serve as a lifetime authorization. A copy of this form may be used in place of the original.

I understand that specific diagnostic and treatment information may be required by third party payers and I consent the release of all requested information.

I understand that I (or the person signed as financially responsible) am personally responsible for the costs of psychotherapy services including but not limited to; unmet deductible, co-payment, co-insurance, and any fees or portions of fees not paid by my insurance carrier. Payment for services is expected at the time services are rendered and I accept responsibility of payment for services.

Failure to keep payments current or to arrange and maintain a payment plan for services will result in collection action for the balance due. I consent to a periodic review of my file by the director of Dayspring Counseling, LLC. on an as needed basis.

I authorize DaySpring Counseling to apply for benefits for covered services rendered by one of the following counselors: Melissa Yoak, LPCC, Patrick Ozbolt, LPCC, Melissa Jones, LPCC, Ronald Leonard, LPCC, Deborah Sands, LPC (clinical supervisor Ronni Schaack, LPCC).

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Please check one of the following:

\_\_\_ **Insurance**  
\$125 for diagnostic sessions (50 minutes)  
\$100 for every 50 minute session

\_\_\_ **Self-Pay**  
\$ \_\_\_ for each 50 minute session

\_\_\_\_\_  
Client or parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service provider/credentials

\_\_\_\_\_  
Date