



# TRAUMA TREASURES LORIE A. CARTER

LCSW #66407 CA | LICSW #15212 MN | LCSW-CP #15034 SC | LCSW #34010834A IN

traumatreasures@gmail.com

707-396-4692

## Informed Consent and Release for Billing

The purpose of this form is to inform you that I will be contracting with a bookkeeping provider who will have access to weekly billing information sheet with your name, CPT Codes, Diagnostic Code , the units of time we spent together, the fee for service and what you paid at the session or owe for that service.

I am also requesting your permission that a monthly invoice be provided to you through the mail. If you prefer an emailed copy please let Julie Stark, who keeps my accounts, know you would like an invoice or superbill by email. You can contact her at medbill7@sonic.net. This superbill will contain all the information you need should you choose to seek reimbursement for services from your insurance company.

I, \_\_\_\_\_ am signing this agreement to indicate that I am seeking treatment with Loralee Carter, LCSW #66407, and to attest that I understand my treatment starting on \_\_\_\_\_ will not be, or will be partially covered by insurance.

\_\_\_\_\_ I am not aware of any insurance coverage for the services I am seeking.

\_\_\_\_\_ I am currently covered by insurance but am choosing not to use my coverage for services.

\_\_\_\_\_ While some of my treatment may be covered by my insurance plan, some is not and I am willing to pay for the additional treatment, (extended sessions, phone calls, report writing ).

\_\_\_\_\_ Extended session agreement. I understand that insurance typically covers only one 45 minute session per day or one 60 minute session per day. Because of this my therapist can only bill my insurance company for one 45 minute or one 60 minute session. The additional time past the 45 minutes or 60 minutes will be my responsibility and be paid for at the time of service. I have chosen to begin services with my provider on a self pay basis starting \_\_\_\_\_(date). I agree that my provider can collect charges for the proposed services at the full fee for service rate \_\_\_\_\_/hr.

I have read and understand this is a legally binding contract. I agree to all requests stated in this form.

\_\_\_\_\_

Signature of Client

\_\_\_\_\_

Date