



1455 Lincoln Parkway Suite 240 Atlanta, GA 30346

INSURANCE AGREEMENT

(Please read carefully, this is very important!)

As a service to you, Perimeter Therapy Associates will bill your insurance company if we are an in-network provider with them. Due to the rising costs of healthcare, however, insurance benefits have become increasingly more complex. Although we are extremely thorough and spend a great deal of time ascertaining your benefits at the forefront as well as filing your claims accurately, we still cannot guarantee that your insurance company will follow through with their original statement of benefits. In some cases, insurance companies have been known to change benefits in the middle of a policy year without notification to Perimeter Therapy Associates as the provider. In other cases, session visit limits, deductibles, or maximum allowables may vary from those originally quoted to us, thereby altering or altogether preventing claims from paying in accordance with the benefits we as the provider have on file.

Additionally, it is our ethical obligation to be sure that you are aware of the following information regarding insurance companies. Most insurance companies require mental health practitioners to disclose certain information about their clients in order to receive benefits. First and foremost, they always require a diagnosis. Frequently, they require additional information to justify ongoing treatment. This information includes physical health concerns you may have, psychosocial stressors (such as problems in relationships, work, etc.), and your general level of functioning. Insurance companies often require treatment plans, and they occasionally require copies of the therapist's notes. It is our policy to protect your confidentiality by providing only the information that is absolutely necessary. All of this information will become part of the insurance company's records and is usually stored in a computer database.

If your insurance policy changes, terminates, or defaults to a secondary insurance, it is your responsibility to notify your therapist of this change. **(If you do not inform your therapist or our billing office of insurance changes, you will be responsible for all session charges that are accrued as a result of claim denials.)**

Perimeter Therapy Associates has a 24-hour cancellation policy. If you cancel an appointment with your therapist with less than 24 hours notice, you will be financially responsible for the session. Since insurance companies do not pay for missed sessions, you will need to pay for the full amount of your session rather than just your co-pay. Again, it is your responsibility to make sure that your therapist always has the most up to date information on file regarding your insurance company as well as your most up to date contact information.

Primary Insurance Company _____ Phone Number _____

Address to Mail Claims _____

Insured _____ ID # _____

Group# _____



Individual, Couple and Family Psychotherapy

678-666-4717
info@perimetertherapy.com

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Employer Name and Address_____

Client's Date of Birth_____

Spouse/Guardian_____

Spouse/Guardian Date of Birth_____SS#_____

Spouse/Guardian Employer_____

Primary Doctor_____Phone Number_____

Some insurance plans require that your therapist maintain contact with primary care physicians. Information to be released to your Primary Care Physician includes your diagnosis, any medication prescribed, the name of your therapist and the date of your initial visit.

Your insurance copay is expected at the time of your appointment unless previous arrangements have been made with your therapist.

I have read the above policies, and I accept this Insurance Agreement.

Client's Name (Please Print)

Client Signature

Date