



Fowler and Tidwell Counseling  
7155 Old Katy Road Suite N244  
Houston, TX 77024  
Office: 832-831-8379 Fax: 832-831-8388

### **Authorization to Bill Insurance and Credit Card Information**

As a courtesy, Fowler and Tidwell Counseling, PLLC will bill your insurance company, HMO, responsible party, EAP, or third party payer for you if you wish. In the event you have not met your deductible, the full fee is due at each session until the deductible is satisfied. Most insurance plans require a diagnosis as part of filing a claim. This diagnosis will be discussed with the client prior to providing a statement. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due at that time, you also understand and accept that you are fully responsible for all non-covered fees including but not limited to copays, denied coverage of previous sessions, denied coverage of future sessions, and untimely cancellation/no show fees.

Please provide the information below for the use of billing purposes:

Client's Name: \_\_\_\_\_ Client's Birthday: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Holder's Birthday: \_\_\_\_\_

Policy Holder's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

Policy Holder's Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Provider Phone Number: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Payment in the form of check or cash or credit card is due at the beginning of each appointment. You agree that you are responsible for all charges for services provided by Fowler and Tidwell Counseling, PLLC to the client, although other persons or insurance companies/EAP's may make payments on the client's account.

The fee schedule is defined below. Fowler and Tidwell Counseling, PLLC reserves the right to change any of the fees below.

- ❖ Individuals/ Family or Couples
  - Initial Session – \$110 for 50 minute session
  - Regular Sessions – \$110 for 50 minute session
  - Overages – Clients may be charged for extended sessions
  
- ❖ Groups
  - Initial visit – cost and duration of sessions vary by group topic
  - Regular visits – cost and duration of sessions vary by group topic
  - Overages – Clients may be charged for extended sessions

Contact Information of Financially Responsible Party:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Fowler and Tidwell Counseling, PLLC only accepts Visa, MasterCard, and Discover credit cards. This credit card number is required to be on file by Fowler and Tidwell Counseling, PLLC in order to hold appointments. A missed session is a session where the client cancels the session with less than 24 hours notice or does not arrive to the session. **If a client cancels with less than 24 hours notice or fails to arrive at the appointment, the credit card on file will be charged \$85.00 for the missed appointment.**

Name on Credit Card: \_\_\_\_\_

Credit Card Type (circle one): Visa                      MasterCard                      Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVC Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

After 60 days any unpaid balance will be charged 1.5% interest a month (18% APR). In the event that an account is overdue and turned over to our collection agency, the client or responsible party will be held responsible for any collection fee charged to our office to collect the debt owed. If after 90 days the fees are still unpaid within the above terms, the client's account may be turned over to a collection agency. The client or responsible party will be held responsible for any collections fee charged to my office to collect the debt owed.

**Quoted Benefits:**

For my convenience, Fowler and Tidwell Counseling, PLLC has been quoted the benefits listed below by your insurance company/EAP. It is understood that quoted benefits do not guarantee payment. It is also understood that all non-covered fees or charges will be the responsibility of the client or responsible financial party listed above. Any changes to my insurance/ EAP/ or third party payer must be conveyed to Fowler and Tidwell Counseling, PLLC within a timely manner.

Mental Health Insurance Company: \_\_\_\_\_

Person spoke to, date, and time of call: \_\_\_\_\_

Amount Remaining on Deductible: \_\_\_\_\_

Effective Date of Policy \_\_\_\_\_

Max Payable Per Session \_\_\_\_\_

Dr.'s Referral needed \_\_\_\_\_

Percent Coverage \_\_\_\_\_

Copay \_\_\_\_\_

Max Payable per calendar year \_\_\_\_\_

CPT Codes 90791\_\_ 90837\_\_ 90847\_\_

# of Sessions Authorized \_\_\_\_\_

Precertification ID # \_\_\_\_\_

I understand and agree that I am responsible for all charges incurred on behalf of \_\_\_\_\_, the client of Fowler and Tidwell Counseling, PLLC. I consent for my credit card information to be kept on file. I will provide a letter in writing if I no longer want charges to be billed to this credit card and/or if the billing party has changed. I have read and understand all the above information.

\_\_\_\_\_  
Financially Responsible Party's Signature

\_\_\_\_\_  
Date