Bethany Comeau, MA, LPC
Bethany Comeau Counseling & Consulting, LLC
205 South Lee Street, Americus, GA 31709
(229) 380-0560

Prior to our first session, please call your insurance company to ask the questions below and fill in the corresponding information. *If you do not complete this form prior to the first session, you will be charged the full contracted insurance rate for each session until you complete this task. Thank you in advance for bringing this completed form to the first session!*

***Also**:* For all clients that will be filing their counseling sessions through their secondary insurance, my office policy is to request the full contracted rate of the secondary insurance upfront at the time of each session (the full contracted rate varies by insurance company – please call me for specifics). Once the claim has been processed through secondary insurance, the client will be billed for the remainder of the balance, or alternatively, I will issue the client a prompt refund, if a refund is due. I have implemented this policy in response to the lengthy time (five months+) it takes for secondary insurance to reimburse my office for services provided.

1. My primary insurance is _____.

2. Do you have a secondary insurance? (Please circle yes or no) Yes No

3. If yes to question 2, what is your secondary insurance?_____

4. Is Bethany Comeau, LPC considered an in-network provider on the insurance plan that I would like my claims to be filed with? (Please circle yes or no)
   Yes No

5. My authorization number, if applicable, is:_____

6. My number of approved sessions, if applicable, is: _____

7. Does my insurance plan require me to pay the contracted rate until I meet my deductible? (Please circle yes or no; if yes, please call me and I will share with you the specific rate $)
   Yes No

8. If "Yes" to question #7, what is my deductible amount $_____ AND

   how much have I paid toward my deductible at this time? $ _____

9. If "No" to question # 7, then my copay amount is: $_____ per session.