

Hilltop Counseling Services

1045 Elm Street
Bowling Green, KY 42101

LeeAnn: 270-392-7727

Office/Melissa: 270-843-1804

Fax 270-843-0154

Date: _____

Hilltop Counseling Services submits insurance claims to pay for services rendered. This is in good faith, that the insurance will pay as the consumer expects it to. All measures will be taken to understand the benefit plan prior to the first appointment. Ultimately, the individual is responsible for payment of services. If the insurance does not reimburse, payment will be expected at the time of service or immediately upon denial from the insurance agency.

Hilltop Counseling Services is responsible for requesting and utilizing all insurance information so that LeeAnn M. Horton, LPCA will be reimbursed efficiently. An Explanation of Benefits from your insurance company will provide all pertinent information in regards to processed or denied claims.

An appointment time has been scheduled and saved for you. Scheduling an appointment indicates a good faith understanding that you will keep the appointment or have the courtesy to cancel if circumstances do not permit your attendance. Your signature at the bottom of this page indicates that you understand that missing an appointment without prior notification (24 hours notice) will result in a charge for the total fee of the appointment, \$75.00 per session.

Name of Client _____

RELATIONSHIP TO SUBSCRIBER: _____

Address _____

Date of Birth _____

Subscriber Name _____ DOB: _____

Subscriber Address if Different: _____

Name Of Insurance _____

ID # _____ Group # _____
Deductible _____ Co-Pay _____

Your signature provides legal authorization for third party billing and confirms an understanding and agreement of all financial responsibilities. This document can be voided at any time.

Signature of Client

Counselor/Therapist

