



The Therapy Corner Counseling & Consulting, PLLC
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Mental Health Insurance Disclaimer Form

- Insurance Verification and Coverage:** As part of our commitment to ensuring that you receive the best care, we will verify your mental health insurance benefits. However, verification is not a guarantee of payment. Mental health coverage varies significantly between insurance policies and may be subject to limitations, restrictions, or exclusions. It is your responsibility to understand your specific plan details, including:
 - Covered Services:** Please confirm whether your policy includes coverage for mental health therapy, diagnostic evaluations, and counseling sessions. Not all mental health services may be covered by your insurance.
 - Out-of-Network Providers:** If our practice is considered out-of-network, you may be responsible for a larger portion of the cost, or the full cost, depending on your plan's out-of-network benefits.
- Pre-Authorization Requirements:** Many insurance plans require pre-authorization for mental health services. Please check with your insurance provider regarding whether pre-authorization is required for services such as therapy, psychiatric evaluations, and ongoing counseling sessions.
- Client Financial Responsibility: You are ultimately responsible for all costs associated with your treatment,** regardless of your insurance coverage. This includes any deductibles, copayments, coinsurance, and any non-covered services.
 - Deductibles:** If your insurance policy has a deductible, you are responsible for covering the costs of services until the deductible is met.
 - Copayments/Coinsurance:** You will be responsible for any copayments or coinsurance amounts as determined by your insurance plan. These payments are expected at the time of service.
 - Non-Covered Services:** If services are not covered by your insurance (such as certain therapies, testing, or consultations), you will be responsible for the full cost.
- Non-Payment by Insurance:** In the event that your insurance company denies payment or does not cover the mental health services rendered, you will be responsible for the full balance. Common reasons for denial include:
 - Services not deemed "medically necessary" by the insurance company.
 - Services exceeding the number of allowed sessions (e.g., therapy session limits).

- The use of out-of-network providers or services not covered under mental health benefits.
- Lack of pre-authorization or referral when required.

Please note: If your insurance denies a claim and it is determined that the responsibility lies with the patient, the card on file will be charged for the full amount due. It is essential to ensure that your payment information is current and accurate.

- 5. Payment Plans and Self-Pay Options:** We understand that unexpected costs can be a burden, especially when mental health care is involved. Should your insurance deny coverage, we offer flexible payment plans to ensure that your care continues uninterrupted. We also offer discounted rates for self-pay clients and those who may not have insurance coverage.
- 6. Appeal of Denied Claims:** If your insurance denies payment for your services, you have the right to appeal the decision. Our practice will provide you with the necessary documentation to assist with this process, but please note that **all unpaid claims are your responsibility** regardless of the outcome of the appeal.
- 7. Out-of-Network Reimbursement:** If we are not an in-network provider for your insurance plan, you may be eligible for partial reimbursement from your insurance company. In this case, full payment for services is due at the time of the session, and we will provide you with an invoice for submission to your insurance.
- 8. Acknowledgment of Financial Responsibility:** By signing below, you acknowledge that you understand and accept the terms of this agreement. You agree to be financially responsible for any services rendered by The Therapy Corner Counseling & Consulting, PLLC, including those that may not be covered by insurance, and you commit to resolving any outstanding balances promptly.

Client Signature: _____

Date: _____