



New Hope Counseling, Coaching & Consulting, P.C. Assignment of Insurance and Agreement to Pay

Agreement to Pay.

New Hope Counseling, Coaching and Consulting, P.C. (New Hope) will be providing the client with requested services. I agree to pay for these services.

Assignment of Benefits.

In consideration of the services provided to the Client, I assign and authorize payment directly to New Hope of all benefits payable for the client's mental health care. These benefits are assigned to the extent of the final balance due for charges related to the mental health care services provided, and include, but are not limited to the following:

- a. Primary and secondary benefits for all insurance, accident insurance, disability or loss-of-time insurance, Medicare, Medicaid, and CHAMPUS;
- b. Benefits payable by alternative delivery systems such as HMOs and PPOs;
- c. Benefits arising from any workers' compensation or occupational disease claims; and
- d. Proceeds to which I am, or my estate is, entitled because of my claim or cause of action for damages against any person or organization.

This assignment shall not preclude New Hope from requiring payment from the Client or another responsible party at any time, to the extent of any unpaid balance.

Insurance Coverage.

I currently have medical, hospital or health insurance in force to cover the client's service charges (and have informed New Hope of this insurance). If I lack insurance coverage for these services, or if I am otherwise unable to pay for these services, I agree to immediately inform New Hope so that I may be considered for payment plan options.

Deductible, Coinsurance and Pre-authorization for Treatment due at time of session.

I agree to pay New Hope the balance of the charges not paid by any insurer or other third party payer, including any deductible and coinsurance and any charges not covered as a result of my failure to obtain pre-authorization for treatment as required by any insurer or other third party payer.

I understand that I am financially responsible to New Hope for charges not promptly paid under this Agreement by my insurer(s) or other third party payer(s), and I guarantee prompt payment in full of all charges. Should the account be referred for collection, I agree to pay New Hope's reasonable attorney fees and collection expenses. I also agree that New Hope may transfer at its discretion any credit balance which may arise on this account to any other open account I may have with New Hope.

By signing this Agreement, I acknowledge that I have read and understand it, that all of my questions have been answered to my satisfaction and that I accept the terms of this Agreement. I certify that the information I have provided above is true to the best of my knowledge.

Date _____

Signature of Client/Client's parent or spouse, or with legal authority to agree on behalf of Client

Guaranty Agreement:

I, the undersigned (a person other than the Client, Client's parent or Client's spouse) individually agree to be personally responsible for the financial obligations set forth and guarantee payment of this account.

Date _____

Signature of other person signing as personal guarantor or provider