



**South Charlotte Counseling and Psychotherapy, PLLC**  
Jumana S Scoggins, MA, NCC, LPC

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**Financial Policy and Insurance Authorization**

**By initialing next to each statement and signing below, I acknowledge that I have read and accept the financial policy of South Charlotte Counseling and Psychotherapy, PLLC.**

\_\_\_\_\_ I understand that I am ultimately responsible for payment of services and may be responsible for the full cost of the sessions if insurance is billed and denies the claims. South Charlotte Counseling and Psychotherapy, PLLC will honor contractual agreements made with BCBS and CBHA that stipulate specific reimbursement restrictions.

\_\_\_\_\_ I understand and agree to pay a \$50 charge for the first 2 late cancellation (less than 24 hours) or no-show appointments. I understand that a 3<sup>rd</sup> late cancellation or no-show will be charged at the full rate. I understand that this charge is not covered by insurance and is my responsibility.

\_\_\_\_\_ I understand that my credit card information will be requested and kept on file by IVY, a confidential and HIPAA compliant online payment system, to charge any balances.

**Mobile phone number:** \_\_\_\_\_

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**CLIENT/GUARDIAN SIGNATURE**

**DATE**

**Insurance Information:**

Primary Insurance Company: \_\_\_\_\_

ID Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy holder's Name: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

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

Patient Relationship to Insured:    Self        Spouse        Child        Other

**AUTHORIZATION TO BILL INSURANCE:**

**Patient or Authorized person's signature:** I authorize South Charlotte Counseling and Psychotherapy, PLLC to submit claims on my behalf. I authorize the release of any medical or other information necessary to process my claims.

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**HIPAA**

Please sign below to acknowledge receipt of the Notice of Privacy Practices.

Client or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_