

Novo Psychotherapy, LLC

1225 Johnson Ferry Rd., Suite 170, Marietta, GA 30068
770-847-0358

INSURANCE AGREEMENT FORM

As a service to you, Novo Psychotherapy, LLC will bill your insurance company if we are an in-network provider with them. Due to the rising costs of healthcare, however, insurance benefits have become increasingly more complex. Although we are extremely thorough to file your claims accurately, we still cannot guarantee that your insurance company will follow through with their original statement of benefits. Insurance companies reserve the right to change benefits in the middle of a policy year without notification to its providers. In other cases, session visit limits, deductibles, or maximum allowables may vary from those originally quoted to us, thereby altering or altogether preventing claims from paying in accordance with the benefits we as the provider have on file.

Additionally, it is our ethical obligation to be sure that you are aware of the following information regarding insurance companies. Most insurance companies require mental health practitioners to disclose certain information about their clients in order to receive benefits. First and foremost, they always require a diagnosis. Frequently, they require additional information to justify ongoing treatment. This information includes physical health concerns you may have, psychosocial stressors (such as problems in relationships, work, etc.), and your general level of functioning. Insurance companies often require treatment plans, and they occasionally require copies of the therapist's notes. It is our policy to protect your confidentiality by providing only the information that is absolutely necessary. All of this information will become part of the insurance company's records and is usually stored in a computer database.

If your insurance policy changes, terminates, or defaults to a secondary insurance, it is your responsibility to notify your therapist of this change.

If you cancel your appointment with less than 24 hours' notice or no-show for a scheduled an appointment, you are responsible for the session fee. Insurance companies do not pay for missed sessions or reports. It is your responsibility to make sure your therapist has the most up to date information regarding your insurance policy.

PRIMARY INSURANCE COMPANY _____

PHONE # _____ ID _____

INSURED _____ DOB _____

ADDRESS TO MAIL CLAIMS _____

Some insurance plans require that your therapist maintain contact with your primary care physician, and this communication is regarded as following best practices. The information to be released would include diagnosis, any medications prescribed, name of therapist and initial visit date. Your co-pay is expected at time of appointment unless a previous agreement has been made between you and your therapist.

I have read the above policies, and I accept this Insurance Agreement

(print client name)

(client signature & date)