



Leeds Counseling, LLC
Julie Kizer, EdS, LPC, NCC, RPT
1200 6th Street
Leeds, AL 35094
205.558.8026

Insurance and Financial Agreement

As a courtesy, Leeds Counseling provides billing with Blue Cross Blue Shield of Alabama insurance company. If you are a member of BCBS and you wish for me to file your insurance, I must provide your diagnoses to your insurance provider. By signing this agreement, you are giving Leeds Counseling, LLC your permission for electronic record documentation that generates billing to your insurance company. Please know that Leeds Counseling respects your right to privacy and confidentiality, but in order to bill insurance, records may sometimes be subjected to audits by insurance companies.

Also as a courtesy, I will provide a reminder email/text the day before your scheduled appointment. This reminder is generated by my software, but it may periodically experience a glitch and fail to send the reminder, so please do not use this as the primary reminder for your appointment. When you receive this reminder, please let me know if you need to reschedule. Unfortunately, it is not possible to confirm or reschedule through the software reminder. You can do this through text (205.558.8026) or email (julie@leedscounseling.com). In order to avoid a \$50 late cancellation fee, please notify me no later than noon the day before your appointment.

Service Rates: \$90 Individual Counseling Session (50-55 minutes)

Other fees: \$50 Late Cancellation or "No Show"

\$50 Letter written on Client's behalf related to counseling treatment & diagnostic impression

\$100 Letter written on Client's behalf for court

I am not trained to go to court, and therefore do not. In the event that I am unable to quash a subpoena there is a \$1000 retaining fee that must be paid within 24 hours of the subpoena. Rates for preparation for court, driving time, and presence in court are \$250 per hour. Also, I do not give custody evaluations or custody/visitation recommendations.

I will keep a credit card on file in the event any of the fees listed above occur and you are not present to pay these fees.

By signing this document you are agreeing to pay your copay or private pay amount for our counseling session at the time of service. You are also agreeing to pay at the time of service if your insurance does not cover services provided by this practice. Cash, check or card are accepted forms of payment. You are also agreeing to not hold Julie Kizer and Leeds Counseling, LLC liable for any breach in electronic records or payment process.

Print Client Name

Signature of Client or Parent of Client
(if 14 or older)

Date

Card Type and number

Security Code/CVV

_____/_____
Exp. date

Zip Code

Full name on card

Email or Cell Number, if you would like a receipt

Insurance Name: _____ Contract Number: _____

Insured's Name / DOB / Relationship to Client: _____

Policy Effective Date: _____ Insured's Telephone Number: _____

Insured's Address (if different from client's): _____