

# Awareness Counseling Center

100 Katelyn Circle, Suite B  
Warner Robins, GA 31088

Your insurance is an agreement between you and your insurance company. The therapists will file your health insurance as a courtesy to you. You are responsible for all allowable charges not paid by your insurance company. These may include co-payments, deductibles, non-covered services, no-show fees, or any services not considered by your insurance company to be medically necessary. This applies to Medicare, Medicaid, TriCare, and all commercial carriers.

**It is your responsibility to follow-up with your insurance company. After 90 days, if your insurance company has not paid your therapist, you will be expected to pay your balance in full.**

If you have any questions regarding your account with your therapist, please feel free to ask. We will be happy to assist you with your account.

I, \_\_\_\_\_, have read the above waiver and understand that I am completely responsible for my bill beginning with my first scheduled date of service.

OR

The following financial agreement is made between the patient/guarantor \_\_\_\_\_, and the provider, \_\_\_\_\_.

The patient/guarantor agrees to pay the amount of \_\_\_\_\_ per session for services rendered. Payment is expected to be made at the time of service. Any other agreement is described here: \_\_\_\_\_.

\_\_\_\_\_  
Patient Date

\_\_\_\_\_  
Provider Date

\_\_\_\_\_  
Witness Date