

Penelope Bergeron, LCSW, LLC

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1404 State Rd.

Pleasant Grove, UT 84062

The decision to participate in counseling services is an important one. To help ensure the success of your experience in counseling it is important that the therapist have a clear understanding of the issues and challenges that you are facing. Therefore, it is important that you fill out the attached questionnaire and include any other information relevant to your current challenges.

Billing practices for Penelope Bergeron, LCSW, LLC are as follows (please initial):

\_\_\_\_ 1. Payment for counseling services \$140 for intake and \$120 for following sessions (unless otherwise contracted with individual insurance companies). Payment is due at the time the individual therapy is provided.

\_\_\_\_ 2. Penelope Bergeron, LCSW, LLC is willing to bill insurance companies or other funding sources but the ultimate responsibility for payment lies with the client.

\_\_\_\_ 3. It is the responsibility of the parent/guardian to inform Penelope Bergeron, LCSW, LLC of any changes in insurance coverage.

\_\_\_\_ 4. It is the responsibility of the client to clarify their payment responsibility with their insurance company prior to receiving counseling services to avoid confusion, to ensure that necessary pre-authorization are made, and to clarify the provider status of Penelope Bergeron, LCSW or associated therapists with their insurance plan.

\_\_\_\_ 5. 24 hour notice is required for cancelled appointments or clients will be charged a \$30 cancellation fee.

Please feel free to discuss any questions or concerns regarding individual therapy or billing procedures with Penelope Bergeron: 801-318-7037.

I, \_\_\_\_\_ (name) understand and consent to the information above regarding counseling services with Penelope Bergeron, LCSW, LLC. I consent to receiving counseling services/individual therapy from Penelope Bergeron, LCSW, LLC or associated therapists. I do hereby authorize the use and disclosure of my protected health information (PHI) by Penelope Bergeron, LCSW, LLC (Hereafter known as Provider). This information will be used in receiving payment from insurance companies, Utah Office of Crime Victim Reparation, or other funding sources as the Provider deems appropriate. Provider may also use and disclose PHI when required by law. I authorize payment of medical/mental health benefits to Provider for services rendered as stated on claims submitted to my insurance company/companies or alternate funding sources.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_