



# Goodenough Counseling and Mediation

3100 Lorna Road, Suite 204, Hoover, AL 35216

## Client Intake Agreement

First Name:	Last Name:		
Phone for Reminder:	Date of Birth:	Sex:	
Email For Reminder:			
Appointment Reminders Preferred Via: <input type="checkbox"/> None <input type="checkbox"/> Email <input type="checkbox"/> Voice <input type="checkbox"/> Text Msg (SMS)			

- I hereby request services of Goodenough Counseling and Mediation.
- I acknowledge receipt of the Notice of Privacy Practices.
- I acknowledge receipt of and agreement with the Payment and Fees Policy.
- I understand that I (or my responsible party) am responsible for my fees. If my insurance does not pay in a timely fashion, I will pay the bill in full.
- I hereby agree to pay all charges for services at the time of the rendering of said services unless other specific written arrangements are made.
- In the event of default in the payment of services, I agree to pay any costs of collection or securing or attempting to collect or secure said indebtedness, including all reasonable attorney's fees.
- I authorize the release of private healthcare information to my insurance company as necessary to process my claims.

### Payment Agreement

- I understand that if I miss my appointment without calling at least a day in advance, I may be charged a Missed Appointment fee of \$75.00.
- I agree to pay a co-payment of \$\_\_\_\_\_ at the beginning of each appointment in keeping with my health insurance policy.
- I agree to pay a coinsurance of \$\_\_\_\_\_ corresponding to \_\_\_\_\_% of the normal fee, at the beginning of each appointment in keeping with the policies of my health benefits.
- I agree to assignment of my health insurance benefit to Goodenough Counseling and Mediation.
- I agree to pay a private pay fee of \$\_\_\_\_\_ at the beginning of each appointment.
- I agree to pay a fee of \$\_\_\_\_\_ for services, as follows \_\_\_\_\_
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Client Name (Please Print) \_\_\_\_\_

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

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_