

NEW DIRECTIONS COUNSELING CENTER L.L.C.
5121 S. Lakeland Dr. Suite 4
Lakeland, FL 33813
Phone (863) 606-5922 Fax (863) 606-5921

Policies and Fees

Please initial each blank, indicating that you have read and understood each policy.

_____ As a courtesy, our office verifies your insurance. **If the insurance company provides the wrong payment information, it is your responsibility for any additional payments.** Your payment is final once services are rendered. New Directions Counseling Center will not back date any past dates of service to your insurance.

_____ We do not see clients involved in court proceedings pertaining to their counseling service.

_____ If you “no show” or cancel in less than 24 hours before your appointment, you will be responsible for a **\$50.00 fee.**

_____ We bill for any additional professional services we provide beyond the office visit. Additional services include, but are not limited to written reports for third parties, filling out paperwork, e-mails between scheduled appointments, etc.

_____ If you “no show” or cancel less than 24 hour notice twice in a row, we reserve the right to suspend services.

_____ We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company, we are not party of that contract.

Print Name _____ Sign Name _____