

**MAKRINOS MENTAL HEALTH COUNSELING SERVICES, LLC**

**INSURANCE REIMBURSEMENT INFORMATION**

We often receive denials for payment from insurance companies that we are unable to resolve with them. When problems arise with obtaining reimbursement from insurance companies for services provided and we are unable to resolve the issue, it is the client's responsibility to attempt to resolve the problem or pay the outstanding charge.

**You are responsible for payment if the insurance company denies your claim.**

Listed below are a few of the major reasons for denial.

- 1) If an insurance company authorizes additional sessions that exceed the clients benefit plan. It is each client's responsibility to know how many sessions are provided by his or her policy and to know when the benefits have been used. Although we verify benefits with your insurance company, we are sometimes given misinformation.
- 2) If the client receives therapy at MAKRINOS MENTAL HEALTH COUNSELING SERVICES, LLC and medication from a psychiatrist outside the practice, it is likely that both practitioners are jointly limited to the annual number of sessions allowed. It is the client's responsibility to read his or her monthly explanation of benefits (EOB's) and to know how many sessions have been shared between the two clinicians.
- 3) Clients are responsible for knowing if they require pre-authorization of services.
- 4) If a client switches insurance plans, it is their responsibility to know the benefits and requirements of the new plan. If required the client is required to secure pre-authorization and supply Makrinos Mental Health Counseling Services with all new insurance information prior to being seen under your new insurance. Services may be denied if pre-authorization is not obtained.
- 5) If a denial for services is due to ineligibility at the time of service, the client will be charged the full session fee and be responsible for payment.

**We appreciate that you have chosen  
MAKRINOS MENTAL HEALTH COUNSELING SERVICES, LLC  
to provide you with services.**

By signing this document, I acknowledge that I agree by all terms and conditions stated within this document.

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

*MAKRINOS MENTAL HEALTH COUNSELING SERVICES, LLC must verify the identity and authority of Client or a personal representative (a copy of valid photo ID or Driver's License may be requested) Or list attempts that were made to obtain a signature and distribute this form to the Client or personal representative*