New Client Acknowledgement

Because of the ever-increasing complexity and expenses associated with remaining on insurance panels, LTCC, PLLC is establishing the below policy effective 12/1/2019. This pertains to *in network clients* only. This does not pertain to out of network claims or EAP clients.

Please initial each point to ve	erify understa	nding. Thanks.	
purpose of reimbursement of	of fee, we mus	uesting that your provider use your i t assign a clinical diagnosis for treatn Ir therapist know if you have any que	nent as required
from your insurance compar first payment from the insur moneys that have been dupl	ny, we ask that ance company licated. After t	cronically. Until we receive the first re t you pay the therapist's full fee up fr t is received, we will reimburse you a his we will also know what your copa e (see below) for future sessions.	ont. After the my and all
provider, there will be a \$35 and every session. The only	administrativ possible excep	doing business associated with being refee assessed in addition to your contions made will be for financial hards anager. Please note: this will apply w	-pay for each ship and will
 Client Signature	 Date	Therapist Signature	 Date