



## Informed Consent Insurance and Payment Policy

**Release of Information:** I understand that as a service to me, *OMINIS* will submit claims on my behalf to my insurance company for services rendered. I authorize the release of any medical or other information necessary to process my claims and permit a copy of this authorization to be used in place of the original. I understand that *OMINIS* may discontinue this service at its sole discretion.

**Guarantee of Payment:**

I agree for OMINIS to charge to my assigned credit card the full fee for my counseling sessions. I will be responsible for payment of late fees, related administrative fees and collections fees incurred for any balances 30 days overdue on my account.

**Payment Policies:** All 45-minute sessions are \$200.00, couples \$250. This rate also applies to time spent providing additional services including consultation with hospitals, schools, doctors or attorneys as well as time spent compiling special reports, the release of records and reading any written reports and e-mail messages. Any written communications (i.e.: e-mails, reports etc.) will be held in your file and read as part of your next session unless previously arranged. **Only credit cards are accepted for payment.**

**Insurance:** OMINIS is an out-of-network provider. Insurance claims will be sent by OMINIS, electronically, as a courtesy to you. OMINIS will make sure that you get the maximum benefits that you are entitled with your health insurance.

**Appointments missed or cancelled without 36 business hours notice will be charged the full fee. We could ask the insurance on your behalf to reimburse you. Let us know. Cancellations made during the weekend are not considered 36 hours notice.**

**By signing this form, you are agreeing with OMINIS Informed Consent you are agreeing to pay for each session and provide a current credit card number.**

**PAYMENT IS EXPECTED AT TIME OF SERVICE-**

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Signature of client (or responsible party)

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Date



**OMINIS**  
Integrative Counseling and Wellness Center

**Authorization to Secure Payment**

I, \_\_\_\_\_ authorize Ominis – Integrative Counseling & Wellness Center to process payment on my credit card for the total amount of my session.

I understand that if my card is declined, Ominis – Integrative Counseling & Wellness Center may run my credit card payment through on another day when funds become available.

I understand that I have given Ominis – Integrative Counseling & Wellness Center my credit card for the purpose of making a recurrent payment for my sessions, and for the total amount of my session. **I understand that my health insurance will reimburse me directly, and that it is my responsibility to contact my health insurance regarding this matter.**

I further understand that if I miss a scheduled appointment/or fail to provide 36 business hours notice, my credit card will be charged the full fee of the session.

My credit card information is as follows:

Credit Card type \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Credit Card Account Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVS

Is this a debit card?

Yes     No

\_\_\_\_\_  
Today's Date

I have read and understand this form. I attest that the information above is true and accurate.

\_\_\_\_\_  
Signature of Card Holder