

**ASSESSMENT AND FAMILY THERAPY OF NORTHWEST OHIO**

**Joan A. Lawrence, Ph.D., L.L.C.**

**Client Information**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Responsible Party**

Responsible Party \_\_\_\_\_ Social Security Number \_\_\_\_\_

Relationship to Client \_\_\_\_\_ Insurance Company \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Emergency**

In case of emergency notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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## Billing Policy

Our office staff will bill your insurance company. Co-pays (co-pays include but are not limited to traditional co-pay, as well as co-insurance and deductibles) are due at the time of service. It is the responsibility of the client to make sure that our office has the most current copy of insurance coverage cards. Unpaid insurance balances are the responsibility of the client.

Over payments by clients or insurance companies will be refunded to the appropriate party by the doctor after review of the client account.

Your co Pay is **estimated** as follows:

Annual Deductible: \_\_\_\_\_ Met \_\_\_\_\_

1<sup>st</sup> Co Pay visit \_\_\_\_\_

2<sup>nd</sup> Visit \_\_\_\_\_

3<sup>rd</sup> Visit \_\_\_\_\_

Exact amount will be determined when an EOB is received from your insurance company

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### PCI COMPLIANCE STATEMENT

As a convenience for my clients, I accept credit card payments. In so doing, all attempts are made to protect your credit card (cc) security. The following steps have been implemented in order to assure protection of your credit card information:

1. A firewall has been placed on our billing computer.
2. Each client receives a unique ID number for entering of personal billing information.
3. Only the last 4 digits of your credit card are on the billing system.
4. EXP Year for cc is recorded as 12/31/current year (not the official card expiration date)
5. Our billing password for access to our billing system is changed frequently.
6. Once cc information is in the billing system your signed cc receipt is shredded.
7. Only the billing secretary and I have access to your billing information.
8. All billing information is enclosed in a locked storage unit.

As a client, I opt to use cc for service payment and am aware of your attempt to be PCI compliant as a small business.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date