BRANCHES COUNSELING CENTER
Recovering Hope • Restoring Lives

Financial Responsibility Form for Mental Health Medication Management

Types of Payment Accepted
Branches Counseling Center provides two payment options for mental health medical treatment. We offer reduced self-pay rates and we also will file claims with your insurance company for you (we currently only accept Blue Cross-Blue Shield). If we file a claim with your insurance on your behalf you are responsible for paying any co-pays, deductibles, or fees for services not covered by your insurance. Payment is expected at the time of service.

Self-Pay Fee Schedule
Initial Evaluation Session (45-60 minutes) - $135
Medication Management Session (25-30 minutes) - $65

Cancellations and Missed Appointments
Appointment cancellations must be made at least 24 hours before your appointment time. If you fail to cancel your appointment at least 24 hours in advance or if you "no show" you will be charged a fee of $50. Additionally, if you are more than 10 minutes late to your appointment you may be asked to reschedule and to pay the appropriate fee as if you missed the appointment. Setting an Initial Evaluation Session requires a credit or debit card number to hold in case of a late cancellation or "no show".

Consent/Authorization
I, the undersigned, authorize Branches Counseling Center to keep my signature and credit/debit card information on file and to charge my credit/debit card a fee of $50 for the above listed reasons.

I, the undersigned, understand that this form will be valid for the duration of my treatment with this office unless I cancel through written notice to Branches Counseling Center, 1102 Dow St., Murfreesboro, 37130.

Patient Name: _____

Patient Signature: _____

Credit/Debit/HSA Card

Name on Card: _____Card Number:_____

Expiration Date: ___/___ Zip Code: _____ CSV: ____

Insurance Information

Insurance company: _____ Subscriber's Name: _____

Subscriber's DOB: _____ Group Number: _____ Policy Number: _____

Patient's relationship to subscriber: ____ self ____ spouse ____ child ____ other _____