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Regarding Insurance:

As a courtesy we will bill your insurance company for you. If your insurance company fails to pay within 60 days, you will pay your balance in full and seek reimbursement from your insurance company.

YOU ARE RESPONSIBLE for obtaining any preauthorization required by your insurance company prior to any treatment. If insurance denies your visit(s) due to lack of preauthorization, you will be solely responsible for any and all charges.

This balance may be met by reasonable monthly payments, arranged with the billing department.

Payment Policy:

If you do not have insurance, payment for initial evaluation and subsequent services are payable upon visits, or by payment arrangement with the billing department. You are responsible for meeting your deductible or copays if applicable. This will be collected at time of service or upon statements from the billing department.

Appointments:

Cancellations must be made 24-hours in advance or be subject to a charge payable by you. Failure to show for an appointment will result in a charge equivalent to the time set aside for your treatment, payable by you.

I understand and agree to the terms of the above statement.

Client Signature _____ Date _____