



**AGREEMENT & PAYMENT FORM FOR CLIENTS WITH INSURANCE OR MEDICAID**

Your provider is contracted with Creekside Collaborative Therapy to provide mental health services. He or she is not an employee of Creekside but rather maintains his or her own independent private practice. Creekside Collaborative Therapy is not liable for your provider's services as each clinician is an independent provider.

However, Creekside Collaborative Therapy does provide administrative support to your provider, including billing. Your provider maintains his or her own record of your sessions. In addition, Creekside Collaborative Therapy keeps a separate file of non-clinical insurance and billing-related information. This information is kept in a locked filing cabinet and is only accessible by staff who are involved in the billing and insurance process. By signing this form you are giving Creekside Collaborative Therapy access to this information and giving consent to Creekside Collaborative Therapy to use this information for billing purposes.

Creekside Collaborative Therapy will check your insurance benefits and will make you aware of any co-pays and/or co-insurance that you will be responsible for. We accept cash, credit cards and checks as forms of payment. Please note that there is a 3% fee charged when paying with a credit card. You can give your provider cash or a check made out to Creekside Collaborative Therapy at the end of each session. If you chose to make a payment by credit card, Creekside Collaborative Therapy will use your credit card information to charge for the session. We require 24 hours notice for all cancelations except in cases of emergencies. If we do not receive 24 hours notice we will charge your credit card for the full session fee unless you are covered under Medicaid. Medicaid does not allow providers to charge clients for no-shows. However, your clinician likely will be unable to continue to provide care for you if you have multiple missed appointments.

Receipts will be sent to each client on a monthly basis either by mail or email. Please contact our billing specialist, Christina Chavez-Koontz at 720-638-0811 with any billing or insurance-related questions.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like receipts mailed or emailed? \_\_\_\_\_

Is it okay to contact you by email? \_\_\_\_\_ phone? \_\_\_\_\_ Can we leave a message? \_\_\_\_\_

\_\_\_\_\_  
Signature of Client or Guardian