FSC Family Service Center
Help is Here

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Wilmette, Il 60091

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847-853-2600 FAX
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Insurance Declaration Form

This form is required for your file

Choosing to bill counseling sessions through your insurance carrier is an important decision you must make. According to federal regulations, you may choose to pay out-of-pocket and NOT bill through your insurance policy. Clients who choose to pay out-of-pocket are called, Self-Pay Clients. Should this be your preference, FSC would NOT have the authorization to share your records with your insurance company. The decision you make at the outset of services may be reversed at any time by completing a new form and updating your file. **Please note that the rates you pay for services as a Self-Pay Client may be higher than the rates you would pay if FSC is an in network provider with your insurance company**.

_____ I choose to be a "Self-Pay Client" at FSC. I will pay for sessions, out-of-pocket, with cash, check, or credit card, in accordance with my signed contract for services and fee agreement. As per my signed FSC Fee Agreement, if my FSC clinician is paneled with my insurance company, and I elect to be a "Self-Pay Client," I understand that I will not qualify to receive a subsidized fee. I do not authorize FSC to share my private information with my insurance company.

_____ I would like to seek payment for services through my insurance company. I will be responsible for any co-pays, co-insurance, deductible payments, or any portion of the session fees not covered by my plan. I also understand that my FSC therapist will provide my insurance with diagnostic information about my mental health. Diagnoses are technical terms that describe mental health issues in terms of symptoms, severity, and duration. I understand that if FSC is "In Network" with my company, my rates may be discounted according to their contract with my insurance company. I understand that if FSC is "Out of Network" with my insurance company, I will be responsible for payment to FSC and FSC will provide me with a bill that I can submit to my insurance company so I can explore the option of being reimbursed through my insurance company.

_____ _____
Signature of Client Date
(Required for clients 12 years old and older)

_____ _____
Signature of Parent/Legal Guardian/Representative Date
(Required for clients 17 years old or younger)

_____ _____
Witness Date