



Dr. Kim Tousignant ("Dr. Kim")

PERMISSION TO BILL (rev. 1/29/25)

CLIENT NAME

DATE OF BIRTH

CLIENT #

IMPORTANT BILLING INFORMATION!

PLEASE MAKE SURE YOU READ IT

It is very important that you understand the following:

- 1) By making an appointment (generally for 1 hour) with Dr. Kim you understand that she will bill a **minimum of 30 minutes**. An appointment means you have agreed to pay for the time Dr. Kim has set aside specifically and only for YOU.
- 2) Your billing INFORMATION MUST BE UPDATED YEARLY OR ANY TIME YOU CHANGE INSURANCES. Insurance companies have strict filing guidelines often within 60-90 days. **YOU ALONE are responsible** for giving me the accurate information the day of any insurance policy changes. If you do not give me the accurate information, **you are responsible for ALL of those session fees**, immediately. (These are not your insurance's allowed amounts, it is my full fee (see price list.). This is also true if you change your name and do not give me the date of change.
- 3) You are responsible for figuring out any pre authorizations that your insurance may require of me, and to notify me immediately of those.
- 4) Each insurance company is DIFFERENT and they are not easy to deal with. My submitting claims to your insurance is a courtesy to you (But costs me a lot). **You are responsible for the bill and all calculations** such as copays, co-insurance & deductibles over the entire course of your treatment. **If there are complications** with your insurance **Dr. Kim may decide you will be require to pay full fee at time of service.** Then Dr. Kim will give you what is called a "super bill" so you can submit it to your insurance directly. If you prefer, we can do this from the start.
- 5) **No Shows and late cancellations** (see policy document) are not paid for by your insurance company. Dr. Kim charges a fee for them when allowed by your insurance. **The minimum fee you will be required to pay is \$100.** Some insurances do NOT allow a charge for this. Therefore, with insurances like Mainecare, if there are 3 no shows or late cancels (throughout treatment) Dr. Kim has the right to stop providing the service (without any legal (State or Federal) repercussions).
- 6) You agree you are responsible for ANY portion of the bill that your insurance company does not cover (except when my contract with your insurance company specifies Dr. Kim cannot balance bill.)
- 7) Federal Law requires I collect copays, co-insurances or pay downs. This includes the \$2 fee for adults on Mainecare and the yearly (January usually) Medicare deductible. Please make sure you have that when you come into session.
- 8) **EXTRA SERVICES** are not covered by any insurance: requesting documents, or specialized services as in testifying, specialty meeting attendance, disability assessments or Family Leave Forms, writing support or special letters, etc. **My normal fee for this is \$350 an hour.**
- 9) Once a balance becomes 6 months old, Dr. Kim has the right to seek legal actions to collect the debt, as in a collection agency, reporting to your credit bureau and/or potential tax repercussions to you.

By signing this document you are giving formal permission to allow Dr. Kim to bill your insurance for out-patient psychotherapy, assessment and/or consultation services (as allowed by the insurance). You also allow Dr. Kim Tousignant to receive payment directly from your insurance company.

PRIMARY Insurance Company_

Member

Group

Guarantor: Name, address and SS# (if different than client)

You are responsible for telling me if a Referral is Needed? **N** **Y**

You are responsible for telling me if a Preauthorization is Required? **N** **Y**

SECONDARY Insurance Company_

Member

Group

Guarantor: Name, address and SS# (if different than client)

You are responsible for telling me if a Referral is Needed? **N** **Y**

You are responsible for telling me if a Preauthorization is Required? **N** **Y**

Client Signature _____

Date

Signature of Authorized Person _____ Date

Basis for Authorization: