FINANCIAL AGREEMENT FOR TELEHEALTH

Client Name: _____ DOB: _____

The same fee rates will apply for telehealth services as apply for in-person services.

Insurance and other third-party payers may not cover sessions that are conducted via telecommunication. They may cover sessions delivered via an on-line video platform that includes both audio and visual, but not by phone. Please contact your insurance company/payer prior to engaging in telehealth sessions in order to determine whether these sessions will be covered. Campbell Psychological Services does not assume responsibility for verifying whether your benefit plan covers telehealth.

A credit card must be placed on file prior to the delivery of telehealth services. If your insurance plan or payer does not cover telehealth delivery of mental health services, you will be solely responsible for the full session fee and the credit card on file will be charged.

You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telehealth, as well as any cost related to your internet service, data plan, or phone minutes.

My signature below indicates that I have read, understand, and agree to the information above.

_____ _____

Name of financially responsible party (must be age 18+) Date

_____

Printed name

Internal Use Only:

☐ Credit Card Auth is on file
☐ Credit Card Auth is attached

CC Auths available on shared drive under Paperwork / First Session Forms