



Samaritan Counseling Center of Southeast Texas

Agreement To Pay For Services Rendered

I agree to pay for the professional services that I receive.

I understand that it is my responsibility to know the terms of my benefits for mental health services paid for by my insurance company, its affiliates , and /or my employee assistance program (EAP).

1. Knowing the amount of and meeting my deductible are my responsibilities.
2. Obtaining and documenting pre-certification for services (for myself and/or my children) is my responsibility. If pre-authorization or certification for mental health services is required by my benefit plan and has not been obtained prior to the first session, Samaritan Counseling of Southeast Texas will charge me the full fee for the initial session (\$125.00).
3. Samaritan Counseling Center is not responsible for any dispute about payments for services between my insurance company and me.
4. If I do not use my insurance or EAP benefits for services, Samaritan Counseling Center will not file for reimbursement at a later date.

Client Signature

Date

Parent/Guardian/Managing Conservator Signature

Counselor's Signature

Date

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