



Wellspring Counseling Center Expectations:

- Payment of the fee agreed upon at your first session is expected at the end of each subsequent session.
- Wellspring does not bill for insurance. For counselors who are licensed by the state of Indiana a superbill can be printed with our Healthcare Provider Number and a Diagnostic Code by the Therapist. The client can submit this to their insurance company for possible reimbursement.
- We ask our clients to call their insurance company to discover if reimbursement is available to them, if they are interested in this option. The client will be responsible for discussing with their health insurance company any disputes regarding reimbursement. The client is ultimately responsible for full payment of counseling fees.
- Counselors, who have an associates counseling license, will not complete any form of insurance paperwork.
- Counselors, who are able to provide superbills, will not complete insurance paperwork, with the exception of providing necessary treatment information on insurance forms. Counselors will not contact insurance companies for any reason.
- We accept all major credit cards and debit cards, which will be run as credit.
- We except check, card, cash and Health Saving Accounts (HSA). If paying by cash, please have the exact amount.
- If your church, company, or an individual is paying for your counseling, you must make arrangements with a representative at Wellspring so that we know how to send the invoice to the church, company or individual paying for the sessions. This must be arranged before your sessions.
- Prepayments are not recommended, and Wellspring Counseling Center will not be responsible for returning extra money in the event that future sessions are not held due to a cancelation or no-show.
- Fees paid for services rendered are NOT tax deductible, but could be considered a medical expense on your income tax returns.
- If you need to cancel an appointment, you must give your counselor a minimum of 24 hour notice. Missed appointments with less than 24 hour notice will be billed according to our Cancellation/ Missed Appointment Policy.
- If you encounter financial hardships at any time during your counseling experience, please discuss this circumstance with your counselor.
- Depending on circumstances you may be asked to provide proof of income.

Your signature below confirms that you have read, understand, and when applicable, agree to the expectations and will pay the fee agreed to in this document.

Client or Parent Signature if a Minor: _____ Date: _____

Counselor Signature: _____ Date: _____