

PAYMENT INFORMATION

Payment is due at the time of service. Dr. Gill accepts cash, check made out to Debra Gill, or a credit card/flex spending card. Bounced check fees will be charged to the responsible party.

INSURANCE INFORMATION

Please call your insurance company to find out your behavioral health deductible and percentage that insurance will pay for out-of-network behavioral health services. Dr. Gill will submit your claims, but cannot guarantee reimbursement. The obligation to pay Dr. Gill's fee rests with the client or Responsible Party listed above regardless of insurance coverage.

Primary Insurance Co. _____ Effective Date _____

Claims Address (city, zip) _____ **OR** "Payor ID" _____

Ins. ID# _____ Subscriber's Name _____

Ins. Group # _____ Subscriber's DOB ____ / ____ / ____

Patient's relationship to subscriber: Self Spouse Child Other _____

REFERRAL INFORMATION (please circle)

How did you find Dr. Gill? Referral? Website? Listserve?

If Website, which? Psychology Today Eating Disorder Hope BEDA
Dr. Gill's Website (www.debragill.com) other site _____

Referring individual I may thank _____ Phone: _____

PRIMARY REASON FOR SEEKING TREATMENT

FINANCIAL CONTRACT AND CANCELLATION POLICY

By my signature below, I assume responsibility for all fees incurred. I understand that payment is due at time of session. **I understand that I will owe a full session fee for any scheduled session that is missed or not cancelled 36 hours prior to appointment time.**

Signature of Responsible Party _____ Date _____

Signature of Client if not Responsible Party _____