

Client _____ Date: _____

Parent/Guardian: _____ 2nd PARENT/GUARDIAN: _____

PARENT /GUARDIAN TELEPHONE: _____ 2nd PARENT/GUARDIAN TELEPHONE: _____

PARENT/GUARDIAN EMAIL: _____ 2nd PARENT/GUARDIAN EMAIL: _____

ADDRESS: _____

INSURANCE TYPE: _____ INSURANCE ID NUMBER: _____

MEDICAID TYPE: _____ MEDICAID ID NUMBER: _____

MEDICAID
I/we elect to pay for services through my Illinois Medicaid insurance and will incur no out of pocket costs as long as I remain eligible and my coverage remains active. I/we understand that we are responsible for notifying the state of any changes to our address, renewing our insurance coverage, and informing The Bridge of any changes to our Medicaid insurance provider or coverage. I/we understand that if there is a lapse in our Medicaid insurance coverage, we will be charged a fee of \$15 per session until our insurance is renewed.

PPO INSURANCE
I/we elect to pay for services through my BCBS PPO insurance and I/will incur the following costs:
• \$162.50 Intake session fee
• \$130 weekly session fee until the deductible is met.
Once our deductible is met I will be charged a co-pay or co-insurance. We understand that we have the option or waive the use of our insurance and elect The Bridge's self-pay option.

Do you: _____

SELF-PAY
I/we elect The Bridge's self-pay option, based on a sliding scale that has been set and verified by the submission of two months of pay stubs or a W2.
The intake and session fee for all services is: _____

SELF PAY/INTERN
The Bridge is a training site for emerging therapists, and I/we elect to be assigned to an intern who is supervised by a fully licensed therapist. I/we agree to a \$0.00 sliding scale fee for intern-provided services. We also accept that our therapist is a short-term assignment (up to 5 months) at which time we will be reassigned for services and have a redetermination of self-pay.

I/we agree to all of the following statements:

I am responsible for paying for services weekly at the time of appointment check in by either check, cash or credit card.

I am responsible for paying any fees related to bounced checks

I am responsible for updating my insurance information with The Bridge at the time of renewal or coverage change.

I may request a new fee agreement, re-evaluation of self-pay due to hardship, and/or payment plan with the understanding that I am fully responsible for payment until my request has been evaluated and a newly executed fee agreement has signed.

Bridge Staff: _____ Date: _____ Parent/Guardian: _____ Date: _____