



**Lynette Jeung, MA, LMHC**  
2366 Eastlake Ave E. #333  
Seattle, WA 98102

### **Client Financial Responsibility Form**

Thank you for choosing Phase 3 Counseling & Consulting as your mental health provider. I am committed to providing you with the highest level of quality care. Please take a few minutes to read and sign this form to acknowledge your understanding of Client Financial Policies.

#### **Client Financial Responsibilities:**

- Clients are ultimately responsible for the payment of all treatment and care.
- If you are using insurance, we will submit claims to insurance companies, as appropriate. You, the client, are required to provide the most correct and most updated information regarding insurance.
- Clients are responsible for payment of copays, coinsurance, deductibles and all other treatment not covered by their insurance plan. If a claim is denied, clients will be ultimately responsible for payment. If there is a deductible that first needs to be met, a credit card will be required to be kept on file.
- Copays are due at the time of service. Cash, check, and credit are accepted forms of payments.
- Clients may incur, and are responsible for payment of additional charges, if applicable. These charges may include:
  - o Charge for returned checks- \$25.
  - o Charge for cancellations without 24 hour notice – cost of a full session.

By my signature below, I hereby authorize assignment of financial benefits directly to Phase 3 Counseling & Consulting/Lynette Jeung for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment.

I have read, understand, and agree to the provisions of this Client Financial Responsibility Form.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date