Lana L. Jones Pho LMFT

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NAME

ADDRESS

CITY

EMAIL

CELL PHONE

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BIRTHDATE

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Reasons for Counseling

We are happy to bill your insurance as a courtesy to you - but payment for services is the sole responsibility of the client, and is expected at time of service unless prior arrangements have been made with your therapist. Because coverages and reimbursement procedures for mental heath services differ significantly from other medical services your coverage, deductible, and co-pay must be verified with your insurance carrier before we can accept an assignment of benefits as full or partial payment. I have attached a copy of my insurance information if applicable

Signature of Client or Responsible Party

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