

**Medical Insurance Receipts & Email Correspondence Policy**

Name: \_\_\_\_\_

**LCCS EMAIL POLICY:**

**ALL EMAIL CORRESPONDENCE WITH OUR OFFICE IS ONLY FOR SCHEDULING PURPOSES- PLEASE DO NOT EMAIL ANY THERAPEUTIC ISSUES**

The following is office policy regarding our record keeping system:

- Fees for all sessions are due at the time of service.
- If you are requesting medical receipts for insurance reimbursement you will receive an insurance receipt to submit to your carrier at your *next* session provided that there has been at least three business days between sessions. You will have your canceled check as a receipt until then or if you pay cash you will receive an office "cash receipt" for your records.
- If preferred, we have the option of creating once a month insurance "super bill" statement instead of a receipt for each session attended. Please let us know in the space indicated below which you would prefer.
- Our scheduling system has the ability to notify you by email for upcoming appointments. Please indicate below if you would like to be notified and what email address you would like us to use if you want to begin receiving these notifications.

Please choose one of the following 2 options:

I would \_\_\_\_\_/ would not \_\_\_\_\_ like to receive email notifications of upcoming appointments.

If you are requesting email notifications please indicate your email address here:

\_\_\_\_\_

Please initial only one of the following 3 options:

1. I will *not* be requesting medical receipts for insurance reimbursement at this time \_\_\_\_\_
2. I am requesting monthly medical receipts as a "super bill" which I will receive at my first appointment following the start of a new month \_\_\_\_\_
3. I am requesting an individual medical receipt for each session I attend and understand that I will not receive this receipt until my next scheduled session provided there has been at least 3 business days between these two sessions \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_