

Dear Client:

Thank you for choosing WellSpring Counseling Center. You will be seeing _____ for your appointment scheduled on _____.

Please read the following important instructions:

- Complete **all** of the enclosed paperwork and bring it with you on the day of your visit. **Please note – most of the pages have 2 sides.**
- Your **current insurance card(s) and a photo ID are required** in order to be seen for your first appointment.
- It is your responsibility to know your particular insurance coverage such as **deductible amount, copays, coinsurance, and if an authorization for outpatient mental health services is required.**

You can check this by calling the member services number on the back of your insurance card.

Please have this information ready before your first visit.

There are boxes on your “Health Insurance Information Form” to fill in your deductible amount and your copay amount.

- **Your deductible and copay are due at the time of your visit.**
The fee for all initial appointments is \$150. Fees after the initial visit are \$115 for 38 - 52 minute individual session; \$153 for 53 – 60 minute individual session; \$115 for session identified as marital, couples, or family therapy (38 minutes or longer).

We accept cash, checks, and credit/debit cards. The fee for use of a credit or debit card will be \$1 per transaction.

If you cannot keep your appointment, please notify our office 24 hours in advance.

If you have any questions, please call us prior to your appointment at 330-896-0856.

Sincerely,

WellSpring Counseling Center Staff

I have read and agree to the policies stated above for my treatment.

Signature

Date

*Location: We are located at 1790 Town Park Blvd. Ste. C Uniontown OH 44685 just a mile south of I-77 off of Massillon Rd.