



Roberts Group Counseling

Disclaimer for Insurance Clients

Roberts Group Counseling (RGC) accepts most major insurance policies. It is your responsibility to get the office manager or clinician your insurance information to be verified at least 48 hours before your first session. By signing this disclaimer, I, _____ (Client), understand and agree that I will be required to leave a current credit card on file that will be charged at each session for co-pay/co-insurance. I also understand that I am responsible for any charges not covered by my insurance, and that RGC charges a \$50 fee for any appointment not canceled with 24 hours notice; these will also be charged to card on file. I also understand that I am responsible for maintaining updated insurance and payment methods on file as well as any changes to address or phone number. I further understand that any recouped claims due to unpaid premiums are my responsibility as well.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____