

CIRCLE OF LIFE COUNSELING CENTER

3375 W. Mayflower Avenue

Suite A

Lehi, UT 84043

6/1/17

Dear Bishop,

Please fill out the **Bishop-Pay Referral/Authorization** form and have the referred client bring it with them to their initial assessment.

1. It is requested that 'Bishop-pay' referrals be authorized by the bishop every six months. It is the client's responsibility to obtain the signed authorization every six months. A blank 'Bishop-Pay Authorization' is the second page of this packet.
2. If a 'Bishop-Pay' referred client has insurance benefits, the client should be utilizing them, unless extenuating circumstances prevent the use of insurance benefits. We will make efforts to facilitate the use of accessible insurance benefits.
3. When a 'Bishop-Pay' referred client is either a no-show for a scheduled appointment or cancels an appointment with less than a 24-hour notice, *the client* is responsible for paying the No-Show / Late Cancellation fee of \$50.00 before they can reschedule.
4. If circumstances permit, it is beneficial for the client to be responsible to pay for a portion of the counseling fee.

5. Fee Schedule:

10800	10801	10802	10803	10804	10805
INITIAL Couple /Family	INITIAL Individual	INDIVIDUAL Session	COUPLE/FAMILY Session	CRISIS Session	Add-On to Session
\$180.00 90 min	\$155.00 75-90 min	\$125.00 60 min	\$155.00 60 min	\$185.00 60 min	\$45.00 15 Min

If you have questions or concerns about therapy, please contact the referred client's specific therapist via email. If you have any questions or concerns about billing, please call our office or email our office staff.

Sincerely,

Circle of Life Counseling Center

BISHOP-PAY
REFERRAL / AUTHORIZATION

Referred Client:

Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____

Zip: _____ Cell Phone: _____

Client's Email: _____

Referring Bishop:

Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____

Zip: _____ Cell Phone: _____

Bishop's Email: _____

Payment Details: (What portion of each session will the Referred Client pay?)

Referred Client will pay \$_____ per session directly to Circle of Life Counseling Center.

Special Notes or Instructions:

This authorization will be in effect from the first date of service until the bishop or referred client has notified the Circle of Life Counseling Center, in writing, regarding termination or changes of services.

REFERRED **CLIENT** SIGNATURE: _____ Date: _____

BISHOP SIGNATURE: _____ Date: _____

CIRCLE OF LIFE
CONTACT INFORMATION:

CIRCLE OF LIFE COUNSELING CENTER
3375 W. Mayflower Avenue
Suite A
Lehi, UT 84043

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