

**ASSIGNMENT OF BENEFITS AND CONSENT FOR SERVICES**

This form is to serve notice that **Leslie Rawlings LCSW-R, CASAC, MTS** fee schedules are based upon client's needs and may differ in rates based on such needs.

**I understand that I am responsible for any fees for services rendered based on the pre-agreed rate which will be stated below. I understand that Leslie Rawlings LCSW-R, CASAC, MTS does not participate with any in-network insurances. Fees may be submitted through out-of-network by clients but Leslie Rawlings LCSW-R, CASAC, MTS does not guarantee insurance payments. Please note each specific medical insurance has its own policies and guidelines.**

I authorize the release of any medical information necessary to process my claims. I also agree to pay a finance charge of 1.5% per month on any balance due over 90 days, as well as all collection, court costs, attorney fees and interest fees accrued with the collection of this account.”

**It is office policy that, Leslie Rawlings LCSW-R, CASAC, MTS, withhold the release of medical records to patients and/or lawyers until outstanding bills/balances are paid in full.**

If you have any questions concerning the information outlined above, please don't hesitate to ask the front desk for clarification.

**Fee Schedule Rates:      Consultation: \$ \_\_\_\_\_**

**Subsequent Sessions: \$ \_\_\_\_\_**

By my signature I/We indicate that I/We have read and understand this assignment of benefits, office policies, and give consent for services to be rendered by Leslie Rawlings LCSW-R, CASAC, MTS. I am aware by signing below that I voluntarily agree to its terms.

Name of Client: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian of Client: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18)