



# INTEGRATED WELLNESS AND STRATEGIES, LLC

Amber W. Pearson, MA, LPC, LCMHC, LMHC, EMDR-CT

*Your path to healing and transformational growth...*

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strategiesintegrated.com

## SELF-PAY CLIENT INFORMATION FORM

### GENERAL CLIENT INFORMATION

Current Date: \_\_\_\_\_ Client's Nickname: \_\_\_\_\_

Legal First Name: \_\_\_\_\_ Legal Last Name \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ok to leave a voicemail @ home #?  Yes  No      Ok to leave a voicemail @ cell #?  Yes  No

Date of Birth: \_\_\_\_\_ Gender Identification:  Male  Female  Other: \_\_\_\_\_

Relationship Status (please circle all that apply):

Single     Married     Committed Partner/Spouse     Divorced     Widowed

School Status (circle only one):       F/T Student       P/T Student       Not a Student

Employment Status (circle only one):       F/T Employed       P/T Employed       Unemployed

Clients' Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

*Note: If this is a person, I will not contact him/her, I am only asking for tracking purposes.*

### SELF-PAY OPTION TYPES

As a Self-Pay client, you have two options on how to pay for sessions with Integrated Wellness and Strategies, LLC. You may either utilize:

- 1) **Self-Pay via Out-of-Network Option:** For clients who have Out of Network benefits through their insurance carriers and wish to utilize them, IWS, LLC will provide Superbill Receipts for each session so that the client may submit a claim to insurance for reimbursement.\* The process is as follows:
  - a. At the time of each session, you pay the Full Service Rate. This cost can be found in the Self-Pay Good Faith Estimate Form.
  - b. IWS, LLC provides you with a Superbill Receipt.
  - c. You utilize your insurance carrier's Out-of-Network reimbursement process to submit the Superbill to get reimbursed and/or utilize the cost of therapy towards your deductible.

- 2) **Self-Pay Non-Insurance Option:** You pay for each session at the time of each session without submitting anything to insurance. The cost is in determined via the Base Sliding Scale Rates Chart found in the Self-Pay Good Faith Estimate Form. If the Base Sliding Scale Rates do not apply to you, then you will pay the Full Service Rate.

If you have FSA or HSA benefits either can be used to pay for sessions.

\*Note: IWS, LLC does *not* offer to submit forms to insurance carriers directly for clients who have an Out-of-Network insurance benefits. HIPAA regulations constrain insurance carriers from discussing a client’s benefits, eligibility, or plan with an Out-of-Network provider. This complicates payments to providers and causes additional challenges that are untenable for IWS, LLC.

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By signing below I certify that the information about me in this document is correct. I also provide express consent to treatment with Amber W. Pearson and Integrated Wellness and Strategies, LLC. If choosing the Self-Pay Non-Insurance Option I decline insurance benefits from my insurance carrier related to this treatment. If choosing the Self-Pay Out of Network Option, I accept that a Superbill Receipt is necessary for reimbursement purposes and I hereby authorize Integrated Wellness and Strategies, LLC, and its staff to provide this information to me in order to secure reimbursement from my insurance carrier.

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Client Name (printed)

Client Signature

Date