



5 Stone Therapy | info@5stonetherapy.com | (704) 360-3900

FINANCIAL POLICY

Please **complete form** and **email to info@5stonetherapy.com**

5 Stone Therapy, LLC, is currently an in-network provider for Medicaid. If your insurance provider is Medicaid, benefits will cover 100% of the payment for the evaluation and therapy sessions. 5 Stone Therapy, LLC, will bill Medicaid for evaluations and therapy. You must notify 5 Stone Therapy, LLC, within 24 hours if there is a change in the client's physician and/or insurance coverage.

***If you are self-pay or privately insured, your payment and/or copayment will be due at time of service.**

Assignment of Insurance to therapist: I authorize direct payment of medical benefits to 5 Stone Therapy, LLC. I understand that I am personally responsible to 5 Stone Therapy, LLC, for charges not covered or paid by this agreement.

Signature: _____ **Date:** _____

I Accept - Electronic Signature

Electronic Signature Agreement. By selecting the "I Accept - Electronic Signature" button, you are signing this policy form electronically. You agree and acknowledge your typed or digitally drawn electronic signature is the legal equivalent of your manual/handwritten signature for the purposes of this policy form.