



PROVIDENCE THERAPY & NEUROFEEDBACK

# Direct Billing Policy

*Informed Consent Addendum*

---

Providence Therapy offers direct billing to extended health insurance providers as a convenience to our clients. However, we want you to understand how this service works and what it means for your financial responsibility.

**Coverage varies by plan.** Every extended health insurance plan is different, even within the same company. The fact that your employer or insurer offers direct billing generally does not guarantee that counselling services are included, or that your specific plan covers the type of provider you are seeing with us. We strongly encourage all clients to contact their insurance provider before their first appointment to confirm:

- Whether counselling/psychotherapy services are covered under your plan
- Whether your provider's specific designation (e.g., Registered Clinical Counsellor, Registered Social Worker, Registered Psychologist) is an eligible provider type
- Your annual maximum, per-session limit, and remaining balance for the benefit year
- Whether a physician referral or diagnosis is required
- Whether there is a deductible or co-payment you are responsible for
- Whether your plan is set up with our direct billing network (we currently submit claims through TELUS Health eClaims and similar networks; not all insurers participate)

**Direct billing is not a guarantee of payment.** We submit claims on your behalf as a courtesy, but we cannot guarantee that any claim will be accepted or paid in full. If, during the course of submitting your claim, we determine that your insurance provider will not cover the service directly (for example, the claim is declined, your provider is not eligible under your plan, or your coverage has been exhausted), you will be required to pay for the session(s) in full at the time of service. We will provide you with a receipt that you can submit to your insurer directly for personal reimbursement.

**You are ultimately responsible for payment.** Regardless of your insurance coverage or the outcome of any direct billing claim, you remain financially responsible for the full cost of services provided. If a claim we have submitted on your behalf is later reversed, audited, or reduced by your insurer for any reason (including retroactive changes to your coverage), you agree to pay Providence Therapy the outstanding balance. Providence Therapy reserves the right to collect payment directly from clients for any services rendered that are not covered, or not fully covered, by insurance.

**Our fees may differ from what your insurer considers reasonable and customary.** If your insurer reimburses only up to a set rate per session and our fee is higher, you are responsible for the difference.

**Cancellations and no-shows are not billed to insurance.** Late cancellation and no-show fees, where applicable under our cancellation policy, are the client's responsibility and cannot be submitted to your insurance provider.

**Coordination of benefits.** If you are covered under more than one insurance plan, it is your responsibility to understand how coordination of benefits works between your providers. Providence Therapy will bill your primary insurer directly where possible but does not manage claims coordination between multiple insurance companies.

**Accuracy of information.** You are responsible for providing accurate and current insurance information, including policy and certificate numbers. Delays or rejections resulting from inaccurate or outdated information provided by the client are not the responsibility of Providence Therapy.

**Information shared for claims purposes.** To process a direct billing claim, we are required to share limited personal and clinical information with your insurer (such as dates of service, provider designation, and applicable billing codes). By choosing direct billing, you consent to this information being shared for the purpose of claims adjudication. This information is handled in accordance with British Columbia's Personal Information Protection Act (PIPA) and our clinic's privacy policy.

**Discretion.** Providence Therapy reserves the right to decline, discontinue, or modify direct billing services for any client at our discretion, including in cases of repeated claim rejections or non-payment.

We encourage you to reach out to our front desk team if you have questions about how direct billing works for your specific plan, and to keep us informed of any changes to your insurance coverage throughout your course of treatment.

---

## Client Consent for Direct Billing

I have read and understood Providence Therapy's Direct Billing Policy as outlined above. I understand and agree that:

- Direct billing is offered as a convenience and is not a guarantee that my insurance provider will cover any or all of the cost of services.
- It is my responsibility to confirm my specific coverage details with my insurance provider.
- If my claim is declined, not eligible, or only partially covered, I am responsible for paying Providence Therapy directly for the full or remaining balance at the time of service, and will receive a receipt to submit for personal reimbursement.
- I remain financially responsible for the full cost of services regardless of the outcome of any insurance claim, including claims later reversed or reduced by my insurer.
- Limited personal and clinical information (such as dates of service, provider designation, and billing codes) may be shared with my insurer for the purpose of processing direct billing claims.

Client name (please print): \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (if client is a minor): \_\_\_\_\_ Date: \_\_\_\_\_

---