



Kansas Children's Service League

Authorization for Billing Purposes

Client Name: _____

Kansas Children's Service League (KCSL) is committed to assisting families, who want and need counseling services. You may qualify to receive insurance, KanCare, Medicaid, Medicare and/or federal, state or private grant benefits that will pay for all or part of the charges associated with family counseling services.

Your authorization will permit your KCSL therapist to release the necessary Personal Health Information to your insurance company, KanCare, Medicaid, Medicare, or applicable grant administrator for the purpose of determining your eligibility for these resources. Personal Health Information may include; names, birth dates, social security numbers, reasons for service, and dates of service.

You may revoke this authorization at any time during your service by submitting a written notice of revocation. If you have been determined eligible for third party insurance, KanCare, Medicaid, Medicare or grant resources, and revoke this authorization you will be responsible for any unpaid balance and any additional charges for service effective as of the date of your authorization revocation.

Be advised that we will be charging/billing to all clients for Court Reports, Court Testimony preparation, and Court Testimony after we have a signed release of information on file; at the following rates:

1. Written Court Report: \$60.
2. Court Testimony: \$150/hour (minimum of \$300 charged, considered 2 hour minimum and billed in 30 minute increments after 120 minutes).
3. Court Testimony Preparation: \$150/hour (billed in 15 minute increments).

My signature below indicates that I understand KCSL will be releasing information about me, my child, my family and the counseling services we are receiving to my insurance company, KanCare, Medicaid, Medicare and/or grant administrators for the purpose of securing financial resources to help pay for my family counseling services.

My signature below also authorizes KCSL to charge you for any Written Court reports, Court Testimony preparation and/or Court Testimony requested on you or your families behalf.

Client (over 18 years of age) or Responsible Party

(Date)

Client (over 18 years of age) or Responsible Party

(Date)

Witness

(Date)

*Disclosure of grant administrators receiving information about you will be made upon request.