

Elizabeth (Betsy) J. Zmuda-Swanson, MSW, LCSW, LISW, SEP
Licensed Clinical Social Worker #149.003851
1800 3rd Ave Suite 412, Rock Island, IL 61201
309-786-3006

First Name Middle Initial Last Name Cell phone

Address City State Zip Code

Home Phone Place of Work Work Phone

Your Insurance Identification Number Date of Birth

Insured's Name and Their Date of Birth

Insured's Employer's Name and Address Phone Number

Insurance Group Number Name of Primary Insurance Carrier

Do You Have a Secondary Insurance? I bill one insurance, which shall I use for you?

Name and Phone Number of Person I Should Contact in Case of Emergency.

Please list Your Physician. Please list any allergies you have.

Please list any medications you are taking and the illness they help you with.

Please list use of and frequency of use of the following; over-the-counter drugs, cigarettes, caffeinated beverages

Please circle any of the following you are currently experiencing. Please draw a line through any you have had a past history of.

Stroke Seizures Migraines Liver damage Thyroid problems Anemia
Asthma Anemia Diabetes Chronic pain Chronic fatigue Hepatitis
Cancer Tuberculosis Eating Disorder Cardiac prob. Urinary tract infection Hypertension
Persistent flu-like symptoms Communicable diseases

Your Signature and Today's Date Thank you. How did you get my name? _____

INSURANCE AUTHORIZATION

I understand that by signing below I am authorizing:

- Contact of my insurance carrier and/or employer to determine my insurance benefits.
- All mental health/medical benefits to be paid to Elizabeth Zmuda-Swanson LCSW.
- Release of my medical records to the extent needed to obtain insurance payments.
- I can refuse to sign this authorization and opt to be 100% liable for all fees I incur.

Name: _____ **Signature:** _____

Date: _____ **Relationship:** _____

FINANCIAL AGREEMENT

1. Charges are for services rendered. Results are not guaranteed.
2. Therapy sessions will last 50-55 minutes as allowed by insurance.
3. Fee for the first therapy session is \$175. Sessions thereafter are \$130.
4. Your insurance will be billed for charges, if you have so designated, but **you are responsible for the payment and any remainder. Insurance companies that require pre-authorization for services will not pay for the first session unless the authorization is in place for that date. Please call them before our first session to request authorization. They are unwilling to back date.**
5. **You are responsible for A \$40. co-pay at the time of service, unless you know the exact copay per your insurer.**
6. It is your responsibility to be aware of and understand the coverage and limitations of your insurance carrier and/ or managed care company.
7. Cancellations must be made **24 hours in advance** in order to avoid a \$70 fee.
8. Charges for testifying in court for any reason are \$350.00 per hour and a minimum of 8 hours must be paid one week prior to the court date.
9. Checks returned for any reason (NFS, etc.) will result in a \$50. Fee.

I have read and understand the above Financial Agreement, and agree to its terms. I understand it is my responsibility to ask my insurance carrier if I have a co-pay and to pay the co-pay at the time services are rendered and to secure an authorization if needed. **My signature below also indicates I have received and read the separate document entitled “Notice of Privacy Practices”.**

Signed _____ Date _____

Witness _____ Date _____

Rights and Responsibilities

- Patients have the right to be treated with personal dignity and respect.
- Patients have the right to care that is considerate, respects their personal values and belief system.
- Patients have the right to personal privacy and confidentiality of information.
- Patients have the right to request restrictions on the use and disclosure of (PHI) Protected Health Information for treatment, payment, and health care operations purposes. (The Clinician is not legally required to agree to your request. However, she must agree to “reasonable requests”).
- Patients have the right to receive information about managed care company’s services, practitioners, clinical guidelines, and patient rights and responsibilities.
- Patients have the right to reasonable access to care, regardless of race, religion, gender, sexual orientation, ethnicity, age, or disability.
- Patients have the right to participate in an informed way in the decision-making process regarding their treatment planning.
- Patients have the right to discuss with their providers the medically necessary treatment options for their condition regardless of cost of benefit coverage.
- Patients have the right to individualized treatment, including:
 - adequate and humane services regardless of the sources of financial support
 - provision of services within the least restrictive environment possible
 - an individualized treatment or program plan
 - periodic review of the treatment or program plan
 - an adequate number of competent, qualified, and experienced clinical staff to supervise and carry out the treatment or program plan.
- Patients have the right to participate in the consideration of ethical issues that arise in the provision of care and services, including; resolving conflict, withholding resuscitative services, forgoing or withdrawing life-sustaining treatment, and participating in investigational studies or clinical trials.
- Patients have the right to designate a surrogate decision-maker if the member is incapable of understanding a proposed treatment or procedure or is unable to communicate their wishes regarding care.
- Patients and their families have the right to be informed of their rights in a language they understand.
- Patients have the right to voice complaints or appeals about managed care company or the care provider.
- Patients have the right to be informed of rules and regulations concerning patients conduct.
- Patients have the responsibility to give their provider and managed care company needed in order to receive care.
- Patients have the responsibility to follow their agreed upon treatment plan and instructions for care.
- Patients have the responsibility to participate, to the degree possible, in understanding their behavioral health problems and developing with their provider mutually agreed upon treatment goals.