

**Sherri S. Grady, LPC, LLC**  
745-A Johnnie Dodds Blvd.  
Mt. Pleasant, SC 29464  
Phone: 843.330.8408 Fax: 843.284.8277

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Patient Names: \_\_\_\_\_

Insurance Plan/ID#: \_\_\_\_\_

I have consented to treatment by Sherri S. Grady LPC/S and understand that she is NON-PARTICIPATING in my insurance plan. I request that Sherri S. Grady LPC/S conduct therapy regardless of the possibility that I may receive no insurance reimbursement for these treatments and I agree to undertake in full responsibility for payment of the fees incurred at the time of each visit.

I understand that at my request, I will be given the necessary billing codes for the type of treatment I receive from Sherri S. Grady LPC/S. These billing codes can be submitted to my insurance provider for any partial reimbursements for which I am contractually eligible.

Patient (or Patient's Personal Representative) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_

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**Insurance Guide**

**I do not file insurance plans.** however, I will provide you with the necessary documentation you will need to file your insurance claim yourself.

You may wish to contact your insurance company to determine whether or not they will pay “out of network benefit.” Below is a checklist/guide which might prove useful to you in getting the information you need from your insurance company. I recommend that you document all information you are given over the phone including the time and content of the conversation and to whom you are speaking. Provided below is space for documenting this information.

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Date and time of call(s):

Verify that the number you have called is the one to call regarding mental health benefits.

Write down the name of each person with whom you speak.

Ask if outpatient mental health benefits are covered.

Ask if you need a referral from your primary care physician.

Ask how much of the initial evaluation fee is covered/total dollar amount covered.

Ask the maximum number of sessions allowed per year by your company.

Ask the maximum dollar amount covered by your insurance company for outpatient mental health, per year and overall.

Ask what your deductible dollar amount is.

Ask whether you have met the deductible.