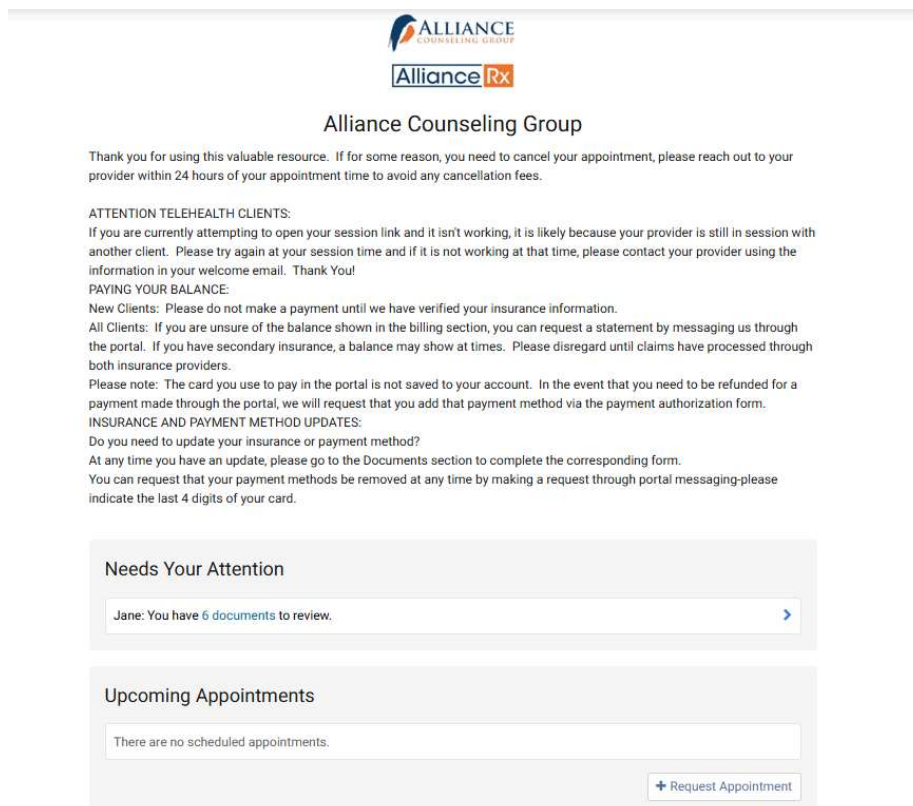


Welcome to Alliance!


We hope that providing you with this tool will simplify the paperwork process for you! Here are some step by step instructions to help you through the process. Other than the card uploads, all of the documents are simple forms you can fill out and sign electronically and can be completed easily on a computer, tablet or phone. All you need to do is create a Therapy Notes Portal Account after you receive a welcome email and follow these simple instructions to complete your information.

Instructions For Completing Your Documents Electronically

You will receive a welcome email inviting you to the Therapy Notes Portal. After you have created a password, Log in using your email and most importantly, **SAVE YOUR PASSWORD!** After doing so, you will see this screen:



The screenshot shows the Alliance Counseling Group logo at the top, followed by the text "Alliance Counseling Group". Below this is a welcome message: "Thank you for using this valuable resource. If for some reason, you need to cancel your appointment, please reach out to your provider within 24 hours of your appointment time to avoid any cancellation fees." There are three sections of instructions: "ATTENTION TELEHEALTH CLIENTS:", "PAYING YOUR BALANCE:", and "INSURANCE AND PAYMENT METHOD UPDATES:". The main content area has two boxes: "Needs Your Attention" with a message "Jane: You have 6 documents to review." and "Upcoming Appointments" with a message "There are no scheduled appointments." and a "+ Request Appointment" button.

 Hover then click on your pending documents. You may have a different number of documents depending on what your provider would like you to complete.


Documents

Paperwork & Forms 6 Client Records

Requested

Please complete these items.

Paperwork for Jane

 Acknowledgement of Policies	Sent on Nov 7, 2024	Sign >
 Acknowledgement of Policies-Rx	Sent on Nov 7, 2024	Complete Form >
 Client Information Form	Sent on Nov 7, 2024	Complete Form >
 Client Payment Agreement	Sent on Nov 7, 2024	Complete Form >
 Consent for Services	Sent on Nov 7, 2024	Sign >
 Coordination of Benefits Verification	Sent on Nov 7, 2024	Complete Form >



Any of the documents that say 'Complete Form' are documents you will need to do, ideally **before** your first visit with your provider.

Tab through the fields of each document to complete the information and then click "Submit Completed Document".

ALWAYS AVAILABLE:

The documents in this section are always available for you to complete for your provider.

Client Insurance Form: If you have an insurance update at any time, you can update us by completing the form. You only need to complete this form once. If there is an issue, our team will contact you via portal messaging.

Always Available

These are available for use as needed or as directed.

 Client Insurance Form	Last Used for Jane on Nov 7, 2024	Complete Form >
 Payment Authorization Form	Last Used for Jane on Dec 16, 2024	Sign >

Payment Authorization Form: If applicable, this needs to be completed for EACH PROVIDER. Once you enter your card info into this form, it is encrypted and we are not able to transfer the

info to your other accounts if you have them. After you click on the form, it will ask you which patient you intend to enter the information for. Enter the card info and then go back to the documents section and complete another Payment Authorization Form for any additional patients.

CLIENT INSURANCE FORM:

See helpful instructions from Therapy Notes here:

<https://support.therapynotes.com/article/288-completing-the-client-insurance-form-on-therapyportal>

Please note: It is important to select the correct relationship in the dropdown under Policy Holder.

Choose the person whose name is listed first or in bold on the front of your insurance card. *(If your name is not listed first on the card, you would **not** select Self.)*

Patient: Jane ACG Doe, DOB 11/11/1983 Date: February 7, 2022

Insurance Policies

I do not have or do not want to use insurance benefits. I will be responsible for all charges related to the services rendered.

Policy Information

Insurance Company:

Member ID:

Priority:

Policy Group:

Plan Name:

Policy Holder

Client Relationship:

- Self
- Spouse
- Child
- Life Partner
- Other Relationship

[+ Add Another Policy](#)

Acknowledgement

I authorize Alliance Counseling Group to release information to the insurance companies provided on this form in order to submit insurance claims on my behalf. This authorization extends to the extent necessary to obtain payment for the services provided to me, and includes authorization to release information about mental health

Please remember to include the subscriber date of birth to prevent any delays in submitting claims to insurance.

For the REQUIRED: ID document request, you will find further instructions for those uploads once you hit Review and Complete or you can view them here:

[ID Upload Request Instructions](#)

IMPORTANT: Please disable the LIVE photo option if you have an iPhone. Thank you!

Once you complete each document, at the top of the page, click on “You have ___ documents pending action” until you are finished with all of the documents.

Your form has been submitted. Our staff will review your information before updating your record. [You have 6 documents pending action.](#)

Your document has been submitted. Your acknowledgement will be added to your file. [You have 5 documents pending action.](#)

Consent for Services

Patient: Jane ACG Doe, DOB 11/11/1983

Date: January 21, 2022

PROFESSIONAL FEES

The initial therapeutic session (90791) will be billed at \$215 for PhDs / Psychologists and \$170 for master level providers. Subsequent therapeutic sessions (90837) will be billed at \$200 for PhDs and Psychologists and \$150 for master level providers. Session fees are subject to the contracted rates with insurance providers. In addition to charging for therapy sessions, I charge the full hourly rate for other professional services I provide (including, but not limited to, report writing, phone calls, transportation time, and so forth), whether these services are provided at your request, at the request of your lawyer, or at the request of any other individual who is acting on your behalf.

INSURANCE, BILLING AND CONSENT FOR SERVICES BILLING AND PAYMENTS

You will be expected to pay for each session at the time of service. Cash, checks, and credit cards are accepted. Payment methods include check, cash, or the following charge cards: Visa, Mastercard, American Express, and Discover. A 3% convenience fee will be added to all credit and debit card transactions. Most Health Savings Account (HSA) and Flexible Spending Account (FSA) cards are accepted free of processing fee. A receipt is available upon request. Checks can be written to the Burke Group.

INSURANCE

I accept a variety of insurances. I recommend calling your insurance provider before your appointment in order to be aware of your insurance coverage (including your deductible and copays). I use a third party biller for insurance billing.

Acknowledgment: My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to use an electronic signature to acknowledge this agreement.

Signed By: Jane A Doe

Signature:



Date and Time Signed: January 21, 2022 at 2:29PM

Request for Jane ACG Doe Sent on January 21, 2022 at 2:15PM EST

Status: Your completed form was sent to the practice on January 21, 2022.

[Download Document](#)

Note: Some of the documents only require a signature! You also have the option to download the documents if you need them for any reason.

Thank you in advance for completing all necessary information!