



Fairfax Office
3921 Old Lee Hwy
Suite 73B
Fairfax, VA 22030

Loudoun Office
44025 Pipeline Plaza
Suite 110
Ashburn, VA 20147

The purpose of this form is to help the undersigned make an informed choice about whether or not to receive therapeutic services from Finding Solutions Counseling Centers. I understand that in signing below I will be paying more than the amount allowed by TRICARE; however, Finding Solutions Counseling Centers' fees are customary to other providers in the Washington, DC Metro Area. In signing this waiver I agree to these terms for the duration of therapy with Finding Solutions Counseling Centers.

By signing this TRICARE Waiver I agree to and acknowledge that the following conditions apply:

- I acknowledge that "my provider's billed charges are above the legal limit of 15 percent above the TRICARE allowable charges" (www.tricare.osd.mil/News/1998/news98_Nov_6.htm)
- I feel strongly that using the services of Finding Solutions Counseling Centers best meets my therapeutic needs
- I agree to be responsible for payment of such items or services including:
 - C - 90791 Diagnostic Evaluation
 - C - 90832 Individual Psychotherapy (30 minutes)
 - C - 90837 Individual Psychotherapy
 - C - 90846 Family Psychotherapy without client
 - C - 90847 Family Psychotherapy with client
 - C - 90853 Group Therapy
 - C - 80101 Drug Screen
- I am willing to pay the extra charges that will be incurred for services provided.

If you have questions or concerns, please speak with the undersigned service provider of Finding Solutions Counseling Centers.

Patient / Guarantor Signature

Date

FSCC Service Provider

Date

REQUEST FOR CHAMPUS MAXIMUM ALLOWABLE CHARGE WAIVER

I am hereby requesting that the following services be provided to me by _____
(Provider Name)

List All Service(s) for Which a CMAC Waiver Is Requested

Service(s)	Frequency	Proposed Date(s)	Estimated Cost

In making this request, I acknowledge that the non-network, non-participating TRICARE provider is billing above the 115 percent CHAMPUS Maximum Allowable Charge (CMAC) and that I will not receive the benefit of the TRICARE Balance Billing Limitation (defined below), which otherwise might apply to me. However, I feel strongly about the provider rendering the treatment and am willing to pay the additional money. Accordingly, I agree that I will be personally responsible for the payment IN FULL of the billed charges for these services and that, upon submission of a TRICARE claim, TRICARE will only reimburse me 115 percent of the CMAC for these professional services.

Printed Sponsor Name	Printed Patient Name
Sponsor Social Security Number	Signature of Patient or Patient's Representative
Sponsor Address	Date of Signature

TRICARE Balance Billing Policy: Balance billing is the practice of a provider billing a beneficiary the difference between the TRICARE allowed amount and the billed charges on a claim. Participating providers and network providers may not collect from all sources an amount which exceeds the TRICARE allowed amount. Non-participating providers may not collect an amount which exceeds the balance billing limit (115% of the allowed charge). If the billed charge is less than the balance billing limit, then the billed charge is the maximum amount that can be collected by the nonparticipating provider.

Approved:	Printed Name:
Health Net Federal Services	Date:

Privacy Act Statement:

In view of the fact that personal information is being requested from you, notice is hereby given as required by the Privacy Act of 1974. The information is requested and maintained under the authority of Chapter 55, Title 10, United States Code, Section 3101, Title 44, United States Code, and 41 Code of Federal Regulations 101-1100 et seq. The information is requested to establish or update information to control or process claims for payment. Routinely, the information will be used to determine eligibility for TRICARE benefits, review and approve medical care as TRICARE benefits, and to determine reasonable charges/costs of care to be cost-shared under TRICARE. Disclosure of the information is voluntary; however, failure to provide the information may result in denial of benefits.