

Insurance Information

Please make insurance card available for copying.

Have you notified your insurance company regarding these visits? _____

Insurance Company _____ Phone _____

PPO Network _____ Co-Pay _____

Group and Policy # _____ Deductible _____

Insured's Name _____ Social Security Number _____

Claims Address _____

Insured's Employer _____

Benefit Information _____

Authorization Number if required _____

Insurance Assignment/Release & Agreement

I, _____, hereby authorize my insurance benefits to be paid directly to the Therapist and I understand that I am financially responsible for non-covered services. I also authorize the Therapist to release any information required to process the insurance claims.

Client's Signature

Date