INSURANCE AUTHORIZATION AND RELEASE

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payers, billing agents and/or other practitioners as is required for authorization or billing purposes.

I authorize and request my insurance company to pay directly to the therapist insurance benefits otherwise payable to me.

I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

_____ _____

Signature of client or parent if client is minor Date

_____ _____

Signature of spouse/partner if applicable Date

INSURANCE INFORMATION

Primary Insurance **Secondary Insurance (or spouse's insurance if applicable)**

Client'sName:_____ Client's Name:_____

Client's Date of Birth:_____ Client's Date of Birth:_____

Client's Soc. Sec. No: _____ Client's Soc. Sec. No:_____

Name of Insured:_____ Name of Insured:_____

Insured's Date of Birth:_____ Insured's Date of Birth:_____

Insured's Soc. Sec. No:_____ Insured's Soc. Sec. No:_____

Insured's Address:_____ Insured's Address:_____

City/State/Zip:_____ City/State/Zip:_____

Insured's Ph:_____ Insured's Ph:_____

Relationship to Client:_____ Relationship to Client:_____

Employer:_____ Employer:_____

Insurance Co:_____ Insurance Co:_____

Member ID #:_____ Member ID #:_____

Policy Group #:_____ Policy Group #:_____

Ins Phone # :_____ Ins Phone #:_____

Copay _____ # of visits allowed_____ Auth # _____ Copay _____ # of visits allowed_____ Auth # _____

Rev. 2/25/15

FOR OFFICE USE ONLY: Effective Date:_____
INDV Ded:_____Amt Met:_____
FAM Ded:_____Amt Met:_____
Plan Pays:_____
Max Visits:_____Max Dolloars:_____
PRE AUTH:_____#Visits_____
CoPay_____CoIns:_____
CPT'S: 90791 90834 90837 90846 90847 96101

FOR OFFICE USE ONLY: Effective Date:_____
INDV Ded:_____Amt Met:_____
FAM Ded:_____Amt Met:_____
Plan Pays:_____
Max Visits:_____Max Dolloars:_____
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CPT'S: 90791 90834 90837 90846 90847 96101