INSURANCE BILLING CONSENT FORM

Client Name: ____ Birthdate: ________________

Address: __________________________________ City:_________________ State: ____ Zip: _____________

May I send correspondence, such as billing invoices, to this address? _______________________________________

Primary phone: ____ May I leave a message? ___________

Secondary phone: ____ May I leave a message? ___________

Primary Insurance: ____

Member ID/Contract #: ________________________ Plan #________________ Group #: ___________________

Policy Holder: ____

Address: __________________________________ City:_________________ State: ____ Zip: _____________

Policy Holder Date of Birth: ________________ Employer: ____

Secondary Insurance: ____

Member ID/Contract #: ________________________ Plan #________________ Group #: ___________________

Policy Holder: ____

Address: __________________________________ City:_________________ State: ____ Zip: _____________

Policy Holder Date of Birth: _________________ Employer: ____

Please present insurance card and photo ID for photocopy. In order to submit a claim for payment for services covered under your policy, I must have authorization to release information to your insurance company for paper and electronic billing purposes.

I hereby authorize Donna Bracher, LPC to file for benefits on my behalf for mental health services received. I authorize the release of information necessary to process my claim, including diagnosis, as needed. I also authorize my insurance company to release information regarding my coverage and benefits, as needed, to Donna Bracher, LPC. I permit a copy of this authorization to be used in place of the original. Insurance payments shall be made directly to Donna Bracher, LPC. I certify that I am financially responsible for all services not paid by insurance. This authorization is valid indefinitely until revoked by myself or by Donna Bracher, LPC by written consent. I consent to allow Donna Bracher, LPC to provide professional counseling services to me and/or my child as listed above.

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Signature of Client (or guardian, if client is under 18 years of age) Date