

INSURANCE INFORMATION

If you plan to use your insurance for payment of therapy, please complete the following and discuss payment with your therapist on the first visit.

- I am using Insurance for therapy.

Name of Insurance company: _____

Name of Insured: _____

ID # _____ Group ID#: _____

Authorization # _____

Client Signature: _____ Date: _____

- I am NOT using Insurance. *Please check one of the following three options:*
- I do not have insurance coverage.
 - I have insurance coverage and chose not to use it. I have discussed this with my therapist, and understand that in doing so, I am waiving any right to reimbursement.
 - I have insurance coverage, and discussed this with my therapist, and understand that the services provided by _____ are not covered by my insurance plan and I am obligated to pay the non-insurance rate for services.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____