

In Touch Counseling Agency Client Insurance Information and Release

I authorize the release of medical information necessary to process any of my insurance claims, and I authorize payment of medical benefits directly to **In Touch Counseling Agency, LLC** for services rendered. I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance of my account for any professional services rendered as well as any additional collection agency fees should their assistance become necessary. I am aware that I will be charged \$100 for any missed appointments that are not rescheduled or cancelled 24 hours prior to my scheduled appointment time. I agree to reply to reminder text messages from In Touch Counseling Agency in a timely manner, "yes" to confirm or "no" to cancel or reschedule. My nonresponse could result in my being charged a no-show fee of \$100 and/or my appointment being canceled.

The undersigned agrees, whether he/she signs as a parent, spouse, guarantor, guardian, or client that in consideration of the services to be rendered to the client he/she hereby individual obligates himself/herself to pay the account. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expenses.

Name _____ Signature _____

Date _____

Insurance Information

Company Name: _____ Telephone # _____

Policy Holder's Name _____ Relationship to client _____

Policy # _____ Group # _____

Policy Holders Social Security Number ____ - ____ - ____ Subscribers DOB: ____

Client's Name: _____ Client DOB: _____

To be completed by Billing Office

Date: _____ Spoke with: _____ In Network or Out of Network

Policy effective : _____ Copay per visit: \$ _____ Coinsurance per visit: \$ _____

Deductible amount: \$ _____ Deductible met: \$ _____

Max Visits/Max Payable per Year _____ Out of Pocket per Year _____

Exclusions to Policy: _____

Claims Address: _____

Authorization # _____ Sessions Approved _____ Auth. Dates: _____ thru _____

Notes:
