



RELEASE TO FILE INSURANCE CLAIM

REFLECTIVE COUNSELING, LLC is authorized to apply for benefits on my (the undersigned) behalf for covered services rendered to me by same, under my insurance plan. I request payment from my insurance carrier be made directly to REFLECTIVE COUNSELING, LLC. REFLECTIVE COUNSELING, LLC is further authorized to release any necessary information, including medical information, to my insurance company in order to determine benefits to which I am entitled. This Authorization to release information may be revoked in writing.

Signature of Guarantor/ Financially-Responsible Party: _____

Printed Name: _____

Date: _____

Client Signature: _____

Date: _____

Insurance Company: _____

Member Number: _____

Group Number: _____

Name of Policy Holder: _____

Date of Birth of Policy Holder: _____

OR

I do not want a claim to be filed to my insurance carrier.

Signature of Guarantor/ Financially-Responsible Party: _____

Printed Name: _____

Date: _____

Client Signature: _____

Date: _____



IMPORTANT:

LAWSUITS AND OTHER LEGAL PROCEEDINGS:

REFLECTIVE COUNSELING, LLC may use or disclose personal health information when required by a court or administrative tribunal order. REFLECTIVE COUNSELING, LLC may also disclose PHI in response to subpoenas, discovery requests or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested. If services are contracted by patient’s legal counsel, worker’s compensation and/or opposing legal entities, all work product is the property of the contracting entity. REFLECTIVE COUNSELING, LLC does not represent the client nor makes any promises as to finding or outcomes. Patient does not have the right to restrict the release of information.

GOVERNMENT INSURANCES – PLEASE READ AND SIGN: Under section 1862(b)(2) of the Social Security Act, I confirm that these services are not the result of an accident in which another liable insurance may be responsible to pay. I further attest that these charges will not become part of a lawsuit against another liable party.

Signature of Guarantor/ Financially-Responsible Party: _____

Printed Name: _____

Date: _____

Client Signature: _____

Date: _____