Hagerstown Counseling, LLC

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Financial Information Form

I truly appreciate your choosing to come to me for psychological help. As part of providing high-quality services, we need to be clear about our financial arrangements.

• If you have health insurance, it may pay for a part of the cost of your treatment here. To find out if this is so, my staff and I need the information requested below. We will explain any part of this form that you do not understand.
• If you have no health insurance coverage, or do not intend to use it, please check here ❑, complete sections A and D below, and return this form to the office.

A. Patient's name: _____ Birthdate: _____Soc. Sec. #: _____

Address: _____Home phone: _____

(If the patient is a dependent) Insured's/policy holder's name: _____

Occupation:_____ Employer: _____ Work phone: _____

Address of employer:_____

B. (If applicable) Spouse's name: _____Birthdate: _____ Soc. Sec. #: _____

Occupation:_____ Employer: _____ Work phone: _____

Address of employer:_____

C. If you (or your spouse) have any of these kinds of insurance, please fill in the numbers and names for each one.

Name of insurance company: _____

Name of subscriber (if not the patient): _____ Subscribers birthdate: _____

Identification/policy #: _____Group or enrollment #: _____

Effective date: _____ Other Information: _____

Phone: _____ Address to send claims: _____

D. If you do not have insurance, how will you pay for services from this office? _____

E. I give this office permission to release any information obtained during examinations or treatment of this patient that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or myself.

F. I understand that I am responsible for all charges, regardless of insurance coverage.

G. Assignment of benefits: I hereby assign medical benefits, including those from government-sponsored programs and other health plans, to be paid to the therapist above. Medicare regulations may apply. A photocopy of this assignment is to be considered as good as the original.

_____ _____

Client's (or parent/guardian's) signature, indicating agreement to all of the statements above — Date

_____

Printed name