

**FORM 6**

**INFORMATION FOR CLIENTS WISHING TO USE INSURANCE REIMBURSEMENT BENEFITS**

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If you are planning to submit claims to your insurance company, the following will apply:

1. It is your responsibility to check with your insurance company and to submit claims as you see fit and according to your insurance company's policies. Upon request, I can provide you a monthly statement that lists standard information required by insurance companies including a diagnosis and treatment codes and I will review this with you in session. I do not do electronic billing.
2. Thanks to the No Surprises Act and Good Faith Estimate, I am still required to obtain information about your insurance coverage even though I do not file insurance for clients. Please bring a copy of your card or I will make one when you arrive for your first session.
3. If your insurance company requires pre-authorization of sessions, this will be your responsibility. I will not keep track of which sessions are authorized and which are not. You will still be responsible for full payment at the time of service.
4. If your insurance company requires any additional paperwork such as a written treatment plan, telephone case consultation, review of clinical records or other documentation or time on my part, I will charge at my standard hourly rate for that time. Your insurance company will not pay for it and it will be billed directly to you. You will have to sign additional paperwork for any information to be released.
5. Your plan may say that you are allowed certain benefits per calendar year. Please be aware that managed care companies may limit authorization and reimbursement based on their own, often arbitrary, criteria. This means that some diagnoses are covered and some are not. Some diagnoses are covered at a different rate or for a different number of sessions than others. This means your reimbursement may vary from session to session.
6. I will give you or your family member the diagnosis and recommend the treatment that I feel in my clinical judgment is the most appropriate regardless of the insurance coverage. The diagnosis [es] you are given may become part of your permanent personal insurance record and may affect future efforts on your part to obtain other types of insurance, hold certain jobs, obtain and/or maintain a security clearance.
7. In signing this agreement, you are stating that you understand that if you submit information to your insurance company, you are giving them your personal information about dates of service, diagnoses and treatment codes, form of payment and other information. They may ask for any and all personal history including alcohol and drug use history that you disclose to me. It also means that they may ask to read your actual chart and all information therein.
8. Please think carefully before signing this form. Take as much time as you need.

I have read and understand the above information regarding insurance and my treatment.

Print client's name \_\_\_\_\_

Signature of client [or guardian if client is a minor] \_\_\_\_\_

Print guardian's name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I am choosing to not use insurance at this time.

Initials