Ruchi Bhargava, Ph.D.
Licensed Psychologist

DARA Psychological Services, LLC
11904-F Darnestown Road
Gaithersburg, Maryland 20878

darapsychologicalservices@gmail.com
www.darapsychologicalservices.com
301-363-1288

Insurance Payment Policy

Please complete the below portion. Then review each statement and initial to acknowledge that you have read and understood the information.

Name: _____ Date of Birth _____

Address:_____

Phone: _____

Insurance Company: _____Plan Name:_____

Name of the Insured Person: _____Relationship:_____

Employer: _____Insured's Date of Birth:_____

Insurance ID Number:_____ Group Number:_____

_____It is my responsibility to verify my insurance benefits and eligibility.

_____By signing below I acknowledge that I am responsible for any expenses not covered by insurance.

Printed Name: _____

Signature: _____

Date: _____

To be completed by office staff:

In Network Out of Network Effective Date:_____

Deductible _____ How much has been met_____

Out of Pocket Maximum_____Copay_____

Co-Insurance_____Authorization Required_____

Session Maximum_____Other Information:_____