

Kate Hinkle, PsyD

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**Release to Bill Insurance**

Name of Client: \_\_\_\_\_

Is the client the primary policy holder (insured)?  Yes  No

*Insured Information (if patient is not the primary policy holder)*

Name of Insured (policy holder): \_\_\_\_\_

Relationship to client:  parent  spouse  life partner  other: \_\_\_\_\_

Home address of Insured: \_\_\_\_\_

Street Apt/Unit #

City State Zip Code

Insured's date of birth: \_\_\_\_\_ Insured's Phone Number: \_\_\_\_\_

Policy ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

I authorize Kate Hinkle, PsyD to bill my insurance provider on my behalf. I also authorize my insurance carrier to directly pay Kate Hinkle, PsyD for services. My signature below indicates my understanding that this is not a guarantee of coverage or payment by my insurance provider and if at any time my insurance provider does not reimburse the contracted amount, I am responsible for paying the full fee for service(s). My payment portion is due at the time of service unless other arrangements have been made.

Initial:

\_\_\_\_\_ I understand that as an in-network provider, my psychotherapist is required to submit a diagnosis to my insurance provider when submitting claims. I understand this diagnosis may become part of my insurance record.

\_\_\_\_\_ I understand that my insurance provider may have limitations on the type and amount of services authorized.

\_\_\_\_\_ I understand that my insurance provider may ask for additional information from my psychotherapist and that she/he may need to release this information in order for my psychotherapy services to be covered.

\_\_\_\_\_ I understand that I am responsible for any fees not covered by my insurance provider such as deductible, copay, coinsurance, or other fees.

\_\_\_\_\_ I provide consent for Kate Hinkle, PsyD to file claims to my insurance provider electronically.

By providing my electronic signature, I consent for Kate Hinkle, PsyD to bill my insurance provider.

***After completing this form save the changes and upload your document into the patient portal. You will be prompted to sign the form electronically in the patient portal—please complete the electronic signature portion.***