Name:	Date of Birth:
	Insurance Coverage Information
-	e insurance and will be using your benefits to cover the expense of services at Empowering Relief ag (ERC), it is important for you to understand the information below.
st B	ome insurance plans have a deductible. This is the amount you have to pay <i>before</i> your insurance will art paying. Usually any medical expenses you have will count towards your deductible but not always. used on the plan, your deductible will typically reset annually. This may or may not be at the start of the lendar year.
tŀ	ou may have a copayment or coinsurance, but you will not have both. Copayments and coinsurance ar e amounts you have to pay for each session. A copayment is a specific amount. Coinsurance is a rcentage of the total.
d	our insurance has likely negotiated a rate which may be different than the rate listed on ERC's fee sclosure statement. All amounts above are calculated using the negotiated rate for your specific surance carrier.
	is a violation of our contract with your insurance carrier to waive a copayment, coinsurance, or ductible. You will be responsible for any service charges your insurance does not cover.
W H T	surance plans are very diverse, and we cannot guarantee how much your plan will and will not cover. The do our best to collect the appropriate payment and inform you of the cost of services in advance. To owever, it might be in your best interest to contact your insurance carrier to verify or ask any questions are telephone number is usually listed on the back of your insurance card. Ultimately, per our service treement, you will be responsible for any fees your insurance does not cover.
If you hav	e Example: e a \$2,000 deductible, co-insurance of 20%, and your insurance's contracted rate with ERC is \$130: ou will pay \$130 for each session until you have paid the \$2,000 deductible. fter you have paid the deductible, you will pay co-insurance of \$26 per session (\$130 x 20%).
	not hesitate to contact our Executive Director, Jacob Jacquez, with questions about insurance. He can d at 385-800-3270 or <u>jacob@ercounseling.com</u> .
Signature	Witness:
Date:	Date: