Permission to Bill Insurance

Collaborative Care Consultants is part of a business collaborative that shares operating expenses. The billing entity is Inner Fire Wisdom Therapy and Counseling, LLC. Your bills for services provided by Collaborative Care Consultants will be under Inner Fire Wisdom Therapy and Counseling, LLC. Your health care provider will be identified in your statement.

1. I give permission to Collaborative Care Consultants, LLC, through their billing entity Inner Fire Wisdom Therapy and Counseling, LLC, to bill my insurance to pay for the care I receive.
2. I understand that:

* My medical information will be sent to my insurance company as requested by the insurance company.
* I understand that I must pay my share of the costs.
* I understand that I must pay for the cost of the care I receive if my insurance company does not pay, or I do not have insurance.

1. I understand:

* I have the right to say not to any treatment or procedure.
* I have the right to discuss all medical treatments with my provider.
* I have the right to ask about costs before I am treated.

Patient’s Signature Date

Parent or Guardian Signature Date

(for children under 18)