Salus
COUNSELING, LLC

INSURANCE RESPONSIBILITY and ASSIGNMENT OF BENEFITS

SalusCounseling.com
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FINANCIAL RESPONSIBILITY
I understand that insurance billing is a service provided as a courtesy and that I am financially responsible to my providing counselor for any charges not covered by my health care benefits. It is my responsibility to notify my counselor of any change in my health care coverage. In some cases exact insurance benefits cannot be determined until the insurance company receives a claim. I understand that I am responsible for the entire balance of the bill.
_____ (Client's Initials)

INSURANCE INFORMATION (Client responsible for all charges not covered by insurance)
Client Name: _____

Primary Insurance Company: _____ Phone # _____

Policy #: _____ Group #: _____

Policy Holder's Name: _____ Date of Birth: _____

Relationship to Client: _____ Policy Holder's Phone#: _____

Deductible Amount _____ Has the deductible been met: **YES** **NO** (circle one)

CoPay Amount: _____

Secondary Insurance ____Y ____N

Secondary Insurance Company: _____ Phone # _____

Policy #: _____ Group #: _____

Policy Holder's Name: _____ Date of Birth: _____

Relationship to Client: _____ Policy Holder's Phone#: _____

Deductible Amount _____ Has the deductible been met: **YES** **NO** (circle one)

CoPay Amount: _____

ASSIGNMENT AND RELEASE
I, the undersigned certify that I (or my dependent) if choosing to use my insurance benefits, assign directly to my providing counselor listed below all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I also understand it is my responsibility to pay any deductible amount, co-insurance, or any other balances not paid by my insurance company or pay the full client fee if I have no insurance coverage. I authorize the release of necessary information to file said claim with my insurance or third party payer.

_____ _____ _____
Printed name of Client Signature of client (or guardian for client) Date

I, the counselor, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_____ _____
Karin Watson, LCPC Date