



VIRGINIA COUNSELING ASSOCIATES

INSURANCE RELEASE

Patient Name: _____ Patient SSN: _____

Name of Insured: _____ Primary Insurance: _____

Insured Date of Birth: _____ Relationship to Patient: _____

Employer: _____ Work Phone: _____

Insured ID #: _____ Group #: _____ Policy #: _____

Office Financial Policy

As a courtesy to you, we will bill your insurance company. However, there are numerous insurance networks, and we may or may not be an in-network provider. If not in-network, we may not have agreed to accept a reduced rate from your insurance company. Insurance coverage is a contract between the patient and their insurance carrier. By law, the insurance carrier must remit payment or deny the insurance claim within 30 days of initial notice of the claim. If an insurance problem occurs, the patient may be asked to assist our office in contacting the carrier and/or filing a complaint to the State Insurance Commissioner.

Insurance Change

It is your responsibility to notify our office as soon as possible when you have any policy or insurance changes. Failure to do so will result in a denied claim; therefore, you will be responsible for a balance due.

Patient Responsibility

If an insurance company has not settled a claim within 90 days, the patient will be notified and the responsibility for the balance will transfer to the patient. Our office will provide you with the information we received from the insurance company regarding nonpayment of the claim(s).

Disclosure/Agreement

I agree to pay for any and all services that my insurance company refuses to pay for, regardless of the reason. This office will file an insurance claim on my behalf. If my insurance company denies payment for any reason, I will be responsible for the unpaid balance (non-covered services, co-pays, co-insurance, and deductibles).

I have read the financial policy and disclosure agreement, and I hereby authorize my benefits to be paid directly to this provider's office, realizing that I am responsible to pay for any non-covered services.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date