

Insurance Information

INSURANCE: We submit claims for you as a courtesy. You are ultimately responsible for all fees incurred including fees required for collection if your account becomes more than 60 days past due.

Co-pays are due at the time of service.

- Patient Name: _____
- D.O.B. _____ SSN#: _____
- Mailing Address: _____
- Phone (s): _____
- Name of person on policy: _____
- Insurance company: _____
- Address: _____
- SS# _____ Certificate#: _____
- Telephone#: _____
- Deductible amount: \$ _____ Co-Pay: % _____ or \$ _____
- Secondary insurance: _____
- Address: _____
- Group#: _____ Certificate#: _____
- Telephone#: _____
- Deductible amount: \$ _____ Co-Pay: % _____ or \$ _____

Balances will not be carried past \$100.00. Accounts that become **60 days past due** with no arrangement for payment will be put in a collectable status and the appropriate steps will be taken to secure payment from you. If it is necessary to refer your account to collections you will be billed the additional costs and fees resulting from this referral.

Either client or authorized person's signature is needed below to process the claim.

Authorization and Assignment: I authorize the release of any medical or other information necessary to process claims. I also assign payments of insurance to Walker Counseling LLC, William Walker, MA, LCPC.

- Signature: _____ Date: _____
- Secondary Signature: _____ Date: _____