

Kristina Stephens Counseling

Campbell Counseling Group, PLLC Insurance Agreement Form

RELEASE OF INFORMATION TO INSURANCE COMPANY

I hereby authorize Kristina Stephens Counseling to provide information about my attendance and progress to my insurance company.

Signature

Date

Insured person's DOB: _____

Insured person's employer: _____

The undersigned therapist contracts with several managed care, EAP, and insurance companies. You must present valid and current proof of any insurance coverage in effect. You are responsible for contacting your insurance agency to obtain authorization numbers, etc. required by your insurance company prior to the first session. Different co-payments are required by various group coverage plans. You are responsible for and shall pay your co-pay portion of the charges for services at the time the services are provided. The undersigned therapist will look to you for payment of all charges. In addition, **health insurance companies often require a diagnosis of your mental health condition and indicate that you have an "illness" before they will agree to reimbursement. In the event a diagnosis is required, you will be informed of the diagnosis, prior to insurance company submission. Any diagnosis made will become a part of your permanent insurance records.**

My insurance has been verified with the following report:

Deductible \$_____

Insurance coverage _____% or \$_____ per session

Co-pay _____% or _____ per session