



Client Insurance Form

Maria Potter Counseling Services, LLC

Client's Name: _____

Date of Birth ____/____/____

Insurance Policies

I do not have or do not want to use insurance benefits. I will be responsible for all charges related to the services rendered.

Policy Information

Insurance Company: _____

Member/Beneficiary ID: _____

Priority: Primary Secondary Tertiary Quaternary

Policy Group: _____

Plan Name: _____

Policy Holder

Client Relationship: Self Spouse Child Life Partner Other Relationship

Release of Information & Assignment of Benefits

I understand and agree to the following:

- I authorize the release of information from my medical record to the insurance company or other third-party payer named above. This information shall include all information necessary to submit and process claims, such as my name, date of birth, address, medical diagnosis, and services provided to me.
- If the practice has already shared information with the insurance company or other third-party payer at the time I revoke this authorization, it is too late to prevent that information from being shared.
- This authorization is necessary for the practice to determine eligibility for treatments or benefits or to pay for treatments I receive, but the practice cannot condition treatment on the provision of this authorization.
- This authorization shall be effective for 1 year from the date of my signature, unless I contact the practice in writing any time prior to then to revoke.

In consideration of the services provided to me, I assign all benefits to the practice, if accepted, and authorize this insurance company to make payments directly to the practice and its affiliates on my behalf.

Acknowledgment

I have read and understood the contents of this form. All information entered by me is true and accurate, and I have only entered information about myself or an individual I am authorized to act on behalf of, such as my child. I consent to use my signature for the purposes of validity, enforceability, and admissibility.

Client's Printed Name _____

Date _____

Client's Signature _____

Date _____

(Parent/Legal Guardian)