

### Consent for Third Party Billing

If you chose to pay for therapy using a third party payer such as a community agency or insurance company, I will typically submit authorization and claims form directly to them. Third party payers typically do not cover fees for missed appointments, telephone consultations and certain other kinds of services.

Please carefully review with your payer all information about amount and type of services they cover. If you have questions, please contact your payer. If you remain unclear about what is being provided, I will be glad to contact your payer and attempt to clarify the situation. It is particularly important to understand that third party may authorize payment for a specific number of sessions only or may require that I request their approval of additional sessions after an initial allocation. Third party payers may make their own decisions, independent of my recommendations, about how much or what kinds of treatment they will pay for or determine as necessary.

Thirds party payers frequently require some information about your case when they agree to pay for treatment. Information required depends on the payer. Some examples of required information may include treatment attendance, or treatment information such as description of presenting problems, diagnosis (when applicable), treatment type or plan, progress or treatment summary. You are welcome to discuss what is disclosed to payers with Dora Parys, LCSW at any time. Although community agencies or insurance companies are typically required to keep such information confidential, I have no control over what they do with this information once it is in their files.

**By signing below, you as a client agree to release of all information necessary to the payer in order for me to obtain reimbursement for services, and you authorize direct payment to me by the payer. It is the client's responsibility to obtain authorization from any third party payer, prior to the first appointment. Furthermore, the client is responsible for payment for all services rendered and charges incurred that are not covered by a third party payer.**

**IF YOU WISH TO HAVE A THIRD PARTY BILLED PLEASE COMPLETE AND SIGN THE FOLLOWING:**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance or other 3<sup>rd</sup> Party Payer: \_\_\_\_\_

Insurance Group and ID #: \_\_\_\_\_

Primary Insured Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Insured Person: \_\_\_\_\_

Employer of Insured Person: \_\_\_\_\_

Secondary Insurance (if any): \_\_\_\_\_

Insurance Group and ID #: \_\_\_\_\_