

Insurance Agreement

- The client/guardian is ultimately responsible for charges incurred even though services will be billed to the client/guardian's insurance.
- It is the client/guardian's responsibility to verify the specifics of the client's insurance coverage and be aware of and inform Jeanne Vattuone, LCSW of any changes that may occur to the client's insurance coverage including co-pay amounts.
- Jeanne Vattuone, LCSW will bill only the client's primary insurance.
- The client/guardian understands that insurance companies reimburse not all issues/conditions/problems that may be the focus of treatment.
- The client/guardian understands that the client's insurance benefit may only provide for crisis intervention.
- The client/guardian consents to having Jeanne Vattuone, LCSW release the client's protected health information to the client's insurance company in order to receive payment for claims. Protected health information will include diagnostic information, dates of service, and other information as requested by the client's insurance company for payment.
- The client/guardian understands that Jeanne Vattuone, LCSW has no control over or knowledge of what insurance companies do with the submitted information or who has access to this information after it is released.
- If the client's insurance company denies additional sessions, the client/guardian may appeal for additional sessions to the insurance company.
- Grievances regarding services provided by Jeanne Vattuone, LCSW may be made to the client's insurance company. Grievances regarding your insurance company can be made to the Department of Corporations at (800) 400-0815.
- The client's portion of payment is due at the session.

By signing this agreement I, the client/guardian, consent to having claims submitted to the client's insurance company.

Signature of Client/Legal Guardian

Client/Legal Guardian Name (Print)

Date

Insurance Information

Name of Client: _____ Date of Birth _____

Name of Policy Holder: _____

Insurance Plan Name: _____

Insurance Address: _____

Insurance Phone Number _____

Policy Holder ID: _____ Insurance Policy Group #: _____

Policy Holder's Employer/School: _____