

JOURNEY COUNSELING WACO

209 Old Hewitt Rd., Suite 3

Waco, TX 76712

**INSURANCE COVERAGE INFORMATION RELEASE
AND AUTHORIZATION OF BENEFITS**

Your permission is required in order for insurance claims to be filed on your behalf for services rendered.

Full Name of Client _____ SSN _____
DOB _____ Address _____
City _____ State _____ Zipcode _____
Home Phone _____ Cell Phone _____
Relationship to insured _____

Full Name of Insured _____ SSN _____
DOB _____ Address _____
City _____ State _____ Zipcode _____
Home Phone _____ Work or Cell Phone (circle) _____
Employer _____
Insurance Plan Name _____ Insurance Phone _____
Policy No. _____ Group No. _____
Effective Date _____

FINANCIAL AGREEMENT AND ASSIGNMENT OF BENEFITS:

In consideration for the services to be rendered to me, I understand my obligation to pay for the rates and terms now in effect at Journey Counseling Waco, to the extent that I am legally responsible for such payment. I hereby assign to Journey Counseling and to any practitioner providing care and treatment to me any and all such benefits and all interest and rights (including causes of action and the right to enforce payment) for services rendered under any insurance policies or any reimbursement or prepaid health care plan.

Signature of Client, Parent or Insured Date

Therapist Date

MEDICAID:

I understand that, in the opinion of my therapist, the services or items that I have requested to be provided to me may not be covered under the Texas Medical Assistance Program as being reasonable and medically necessary for my care. I understand that the HHSC or its health insuring agent determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items I request and receive if these services or items are determined not to be reasonable and medically necessary for my care.

Signature of Client Date

IMPORTANT NOTICE: To obtain information on companies, coverages, rights, or to make a complaint, you may call or write the Texas Department of Insurance at: 800-252-3439 or PO Box 149104
Austin, TX 78714-9104

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