

Please complete the following section if you wish to access behavioral health insurance benefits for counseling services provided by Next Chapter Counseling, LLC.

Primary Insurance Carrier: _____

ID#: _____ Group #: _____

Subscriber's Name: _____

Subscriber's Date of Birth: _____

Insurance Co. Address: _____

Insurance Co. Telephone Number: _____

Secondary Insurance Carrier ? : _____

Deductible Amount Per Year: _____ Deductible paid for year? Yes ____ No ____

Co-Pay After Deductible is Met: \$ _____

Please Initial

_____ I authorize Next Chapter Counseling, LLC, to release to my behavioral health insurance plan any and all information which it deems necessary to insure prompt payment of all allowable charges for services provided by Next Chapter Counseling. I also assign the payment of all insurance benefits directly to Next Chapter Counseling, LLC, for any and all charges incurred in connection with services provided.

_____ I understand that I will be responsible for all deductible and copay charges required by my insurance carrier over the amount collected by Next Chapter Counseling, LLC, from my insurance carrier.

_____ I am aware of scheduling policies regarding fees charged for late cancellations and missed appointments. These fees will not be reimbursed by insurance companies and will be my responsibility.

_____ I have been given an opportunity to ask questions regarding the above policies.

_____ I acknowledge that I have been given a copy of the Next Chapter Counseling, LLC, "Notice of Privacy Practices"

I have read and fully understand the above statements and accept treatment under these terms.

Signature of person responsible for payment

Date