



Insurance Agreement

- The client/guardian is ultimately responsible for charges incurred even though services will be billed to the client/guardian's insurance.
- Timothy D. Stein, MFT 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 Timothy D. Stein, MFT 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 Timothy D. Stein, MFT 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.
- It is the client/guardian's responsibility to verify the specifics of the client's insurance coverage and be aware of and inform Timothy D. Stein, MFT of any changes that may occur to the client's insurance coverage including co-pay amounts.
- 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 Timothy D. Stein, MFT 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 time that services are provided.
- **Cancellation Policy (Insurance)**
 - If the client misses an appointment or cancels an appointment without giving at least 24 hours notice then the client/guardian will be charged the contracted rate that Timothy D. Stein, MFT has with the insurance company for a 50 minute session.
 - If Timothy D. Stein, MFT must cancel a session the client will be given at least 24 hours notice. If 24 hours notice is not given then the client will receive one session that will not be charged to the client's insurance company and no co-pay will be collected.
- 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: _____ Name of Policy Holder: _____

Insurance Co.: _____

Policy Holder ID: _____ Insurance Policy Group #: _____

Policy Holder's Employer/School: _____

Insurance Plan Name: _____