COVENANT
COUNSELING & CONSULTING

Insurance / Payment Information Form

If clients are attending sessions through an Employee Assistance Program, Insurance, or Third Party, pre-approval is required, and the number of sessions pre-established. For clients attending through insurance, the number of sessions is determined by the number authorized by the insurance company. If the EAP, insurance, or third party fails to cover session fees, the balance will revert back to the client for payment.

Insured Parties Information

Insured Client's Name: **Date of Birth:** **Gender:**

(Last) (First) (Middle) (Month) (Day) (Year)

Insured's Address:

(Street Address / P.O. Box) (City) (State) (ZIP)

Insured's Phone Numbers:

(Home) (Work) (Cell)

Primary Insurance: **Secondary Insurance:**

Name of Policy Holder *(name on the card):* **Date of Birth:**

(Last) (First) (Middle) (Month) (Day) (Year)

Policy #: **Group:** **Insured's Employer:**

Client's relationship to policy holder: Self Spouse Child Other:

Billing Consent

With this consent, Covenant Counseling may call my home or other alternative location in reference to any items that assist the practice. This includes such items as insurance questions, questions regarding payment for services, and any ald all calls pertaining to clinical care.

In addition, I authorize Covenant Counseling to release to my insurance carrier any information necessary to process claims when I am accessing benefits. This may include a diagnosis and reasons of treatment as well as notes that have been taken of progress.

Insured Signature: **Date:**

Responsible Party Signature: **Date:**
(if different from insured)

Co-Pays
Your co-pay is expected in full at each office visit. We ask that you pay before the appointment for your convenience. This amount has been set by your insurance company and your employer.

Non-covered Services
Please be aware that some of the services that you receive may not be covered by your insurance or EAP plan. Some of these will include psychological testing family contracts, books, phone sessions, med clinic, or correspondence to other providers or agencies. You are responsible for payment of these services.

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