

C2 Counseling
Insurance or Private Pay Agreement

Client Name:	DOB:
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DO YOU HAVE MORE THAN ONE HEALTH BENEFIT PLAN?

According to Texas Administrative Code, Rule 21.2803 —

Disclosure of any other health benefit plan must be determined. Effective August 1, 2000, EVERY claim sent to your insurance company must be accompanied by documented proof stating that you have NO OTHER HEALTH INSURANCE.

If you ONLY HAVE ONE PLAN, sign the following statement:

I am currently insured only with _____ Health Plan.

According to the Texas Insurance Department rules, I, _____, attest that I have no other health benefit plans/insurances than the one listed above.

ASSIGNMENT OF BENEFITS / RELEASE OF MEDICAL RELATED INFORMATION

CLIENT'S/INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of my medical or other information necessary to process my claims. I authorize payment of medical benefits to C² Counseling for services rendered. This authorization is valid indefinitely unless revoked by the client or client's representative.

Client Name (Print): _____

Client Signature: _____ Date: _____

Guardian/Representative Signature: _____ Relationship: _____

Guardian/Representative Name (Print): _____
(If other than client)

PRIVATE PAY AGREEMENT

It is my wish to be Private pay. In doing this, I agree to pay for the balance on my account at the time of service to C2 Counseling.

It is my wish to do my own insurance filing. In doing this, I agree to pay for the balance on my account at the time of service. I will be required to do my own insurance filing for the remainder of the calendar year or for as long as my insurance is effective. I understand that this office will file my claims upon date of notification and verification of my insurance and there will be no retroactive billing for prior service dates.

Client Name (Print): _____

Client Signature: _____ Date: _____

Guardian/Representative Signature: _____ Relationship: _____

Guardian/Representative Name (Print): _____
(If other than client)