

CLIENT RELEASE OF AUTHORIZATION FOR HEALTH INSURANCE

I, _____, hereby authorize Owen Bolton, LMSW, ACSW, to obtain and/or release information about my health insurance plan: _____ for the purposes of verification of benefits and financial reimbursement for the psychotherapy this clinician has provided for me. I consent for Owen Bolton, LMSW, ACSW to release the following information listed below:

	Yes	No		Yes	No
1. Name.....	_____	_____	7. The Insured's Name.....	_____	_____
2. Address.....	_____	_____	8. The Insured's Date of Birth.....	_____	_____
3. Phone Number.....	_____	_____	9. The Insured's Social Security #.....	_____	_____
4. Date of Birth.....	_____	_____	10. The Insured's Address.....	_____	_____
5. Social Security #....	_____	_____	11. The Insured's Phone.....	_____	_____
6. Diagnostic Code.....	_____	_____	12. The Insured's Employer.....	_____	_____
			13. Secondary Health Insurance.....	_____	_____

*Please make sure you check yes for each, or I will not be able to file your health insurance claim.

I understand by signing this release of information regarding my health insurance I am giving my consent for this informational exchange to occur between this provider and my health insurance. I understand that by signing this document that it will represent my "SIGNATURE ON FILE" for the purposes of filing health insurance claims.

 Client Signature Date

POLICIES AND OTHER FEES

If you should miss more than one appointment within a six month period you will be billed \$30.00. If you should fail to notify me of cancelling or rescheduling your appointment within 24 hours, you will be billed \$30.00. If you are in crisis, and I am on the phone with you, then you will be billed \$30.00 for every 15 minutes we talk. Please make the check out to Owen Bolton, LMSW, ACSW. If you should reschedule your appointments with me more than twice a month, then you will be required to use your session time to address this issue. You will not be financially responsible if I am unable to keep my appointments with you. Your signature below indicates that you understand the above, and will comply with the fees and policies.

 Client Signature Date

