

**IRVING &
ASSOCIATES IN
BEHAVIORAL HEALTH, P.C.**

5151 Mochel Drive, Suite 307
Downers Grove, IL 60515

Insurance Release & Client Responsibility

Insurance coverage for mental health is usually different than for medical coverage. It is YOUR responsibility to know and understand what outpatient mental health services your insurance policy covers. The following information will also help our office facilitate the filing of your claims and minimize the chance of billing problems.

PLEASE NOTE: VERIFICATION OF INSURANCE BENEFITS IS NOT A GUARANTEE OF PAYMENT

Client Name: _____ Age: _____ DOB: ____/____/____

ID/Social Security Number: _____-_____-_____

Name of Insured: _____ DOB: ____/____/____

Relationship to Client: _____ ID/Social Security Number: _____-_____-_____

Employer: _____ Work Phone: _____

PLEASE GIVE YOUR INSURANCE CARD TO YOUR CLINICIAN TO COPY

Name of Insurance Company: _____ Member ID: _____

Group Number: _____ Policy Number: _____

I/We (the undersigned) authorize the release of any information necessary to process my claims. I/We also authorize payment of the benefits directly to the above named supplier who accepts assignment. It is understood that I/We have the responsibility for payment of services. Assignment of benefits to the insurance company does not release me/us from amount as stated above. I/We will be responsible for the remaining balance. Any outstanding insurance balance beyond **90 days** will be billed to the undersigned and be due upon receipt.

Client Signature

Date

Parent/Guardian Signature if Client is under 18 years of age

Date