

Bethany, Yates & Associates
Personal Counseling and Consulting

Client's Name _____

Today's Date _____

CLIENTS FILING ON THEIR INSURANCE

_____ I understand that because my therapist participates with my insurance, most or all of my charges will be submitted to my insurance company. I also understand that my therapist may need to furnish medical information to my insurance company to complete the claim process.

_____ I understand that if my insurance coverage cannot be verified, or if coverage is denied, then I am responsible in full for these charges.

_____ I understand that I am responsible for co-payments / deductible amounts which will be due at the time of service.

Client's Signature/
Parent-Guardian if a minor _____ Date _____