

Client Insurance Information

(USE ONLY FOR CLIENTS WITH IN-NETWORK PROVIDERS)

New Paths Counseling will submit the billing for a limited number of in-network insurance plans. As the insured it is your responsibility to contact your insurance company to confirm that we are listed as an in-network provider on your particular plan and determine what financial responsibility and limitations you may have to participating in counseling services.

**** Please be aware insurance companies have the rights to all your records and at times call providers to discuss the details of your treatment.**

If it is determined that New Paths Counseling is not in-network you possibly can receive reimbursement from your insurance plan depending on the provider you see. New Paths Counseling will provide you with the paper work (Superbill, HICF) and instructions for you to submit claims to your insurance plan.

If we are an in-network provider please complete the following information:

Date: _____

Clients Full Name: _____ SSN#: _____

Date of Birth _____

Insured/responsible Party information

Full Name of Insured: _____ Relationship: _____ Employer: _____

Home Address: _____ Phone: _____

Insured's SSN#: _____ Date of Birth: _____

Insured's Primary Ins. Co: _____ ID# _____ Group# _____

OFFICE BILLING AND INSURANCE POLICY

1. I authorize the use of this form on all of my insurance submissions.
2. I authorize the release of information to my insurance company(s).
3. I understand that I am responsible for the full amount of my bill for services provided.
4. I authorize direct payment to my service provider.
5. I permit a copy of this to be used in place of an original.

Signature: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

