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Payment Agreement for using Insurance Coverage

I may be a preferred or participating provider with your insurance company, but that does not guarantee that your carrier will pay for my services. ***It is your responsibility to verify your insurance benefits including co-pay, co-insurance and deductible BEFORE your first appointment.*** Your payment is due at the end of each session in cash, or check payable to Caring Presence (an abbreviation for Caring Presence Psychotherapy, PLLC). My Disclosure Statement contains more information on fees, and is included as part of this Agreement. If you have questions about billing, you can ask me, or call MD Commerce, at 1-(888) 359-9504. **Please BRING your insurance card to your first session.**

What is your Co-pay _____ Yearly deductible _____ Driver's license # _____

Primary Insurance Company _____ Phone _____

Street Address _____ City _____ State _____ Zip code _____

Subscriber's name _____ Date of Birth _____

Subscriber's address _____
Street _____ City _____ State _____ Zip code _____

Relationship to you: Self _____ Spouse _____ Partner _____ Parent _____ Dependent _____

ID number as shown on insurance card _____ Group Number _____

Employer of Insured _____ Phone _____

Secondary Insurance Company _____ Phone _____

Insurance Claims Address _____
Street _____ City _____ State _____ Zip code _____

Subscriber's name _____ Date of Birth _____

Subscriber's address _____
Street _____ City _____ State _____ Zip code _____

Relationship to you: Self _____ Spouse _____ Partner _____ Parent _____ Dependent _____

ID number as shown on insurance card _____ Group Number _____

Employer of Insured _____ Phone _____

Financial Responsibility: I authorize the release of any information necessary to process insurance claims arising from my psychotherapy treatment. I assign any insurance payments to Caring Presence Psychotherapy, PLLC, and ***I hereby acknowledge full responsibility for payment, as described above, including reference to the Disclosure Statement.***

Please **PRINT** your name above

Please **SIGN** your name above

Date