Carolyn Rodenberg, MA, LMFT, CCH
Caring Presence Psychotherapy, PLLC
9500 Roosevelt Way N.E., Suite 210, Seattle, WA 98115
(206) 367-3058 crodenberg@caringpresence.net WA State License # LF00000863

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 by cash, check or credit card. Checks are 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 Payment Agreement. Ask me if you have questions about billing. **Please SUBMIT your insurance card and this form** during your first session. **DO NOT email them to me.** This helps keep secure your private and confidential health care information.

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 _____ Group Number _____ Name of Plan _____

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 _____ Group Number _____ Name of Plan _____

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.***

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*Please **PRINT** your name above* *Please **SIGN** your name above* Date

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