**FINANCIAL POLICY/ASSIGNMENT AND RELEASE**

**Primary Insurance Coverage**

Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number/ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policyholder (if client is not policyholder)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policyholder’s DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policyholder’s Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your annual deductible (if any)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your Authorization Number (if any)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Copay?\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assignment and Release**

I, the undersigned, certify that I have insurance coverage or EAP coverage with (name of insurance company) and assign directly to Cindy Noble, M.S.Ed., LPC all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize Cindy Noble to release all information necessary to secure payment of benefits. I authorize use of this signature for all insurance submissions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party Signature Relationship Date

**INITIAL EACH SPACE AND SIGN BELOW**

\_\_\_\_\_\_I understand that payment is due in full at the time of service by cash, check or credit card. A $25.00 service charge will be applied to my account for each returned check. I authorized Cindy Noble to keep my signature on file and any unpaid balance will be charged to my credit card (following an attempt to notify me by phone).

Type of Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name as it appears on card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code (V Code)\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_I understand that if I do not give **24 hour notice** for cancellation of an appointment, I will be charged **$50.00** for the time reserved.

I have read, understand, and agree to the policies stated above.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_