

Jessica Conwell, PsyD

Licensed Psychologist

Insurance Billing

Client's Name: _____

Date of Birth: _____

If you would like for me to bill your insurance company on your behalf, please read, sign below and have your insurance card available for me to photocopy.

Your insurance company may require me to provide them with clinical information in order to receive reimbursement. This information may include your diagnosis, treatment plans/goals, summaries of treatment, or in rare cases a copy of your entire record. Any information sent to your insurance company will become part of the insurance company files and is likely to be stored on a computer. Though all insurance companies claim to keep such information confidential, once your information leaves my office, I have no control over what they do with it once it is in their hands.

I hereby authorize my insurance benefits to be paid directly to the provider of service. I also authorize the release of any information required to process this claim.

Signature: _____

Date: _____