PAYMENT AGREEMENT

While this document does not obligate me to receive services, I understand that should I receive services, my signature on this document implies it will be treated as a contract. Accounts that become delinquent without payment arrangements will be referred to collections either through a third party collection company or through small claims.

PRIVATE PAY

□By checking this box I agree to pay full fee for services, and understand no information will be released to a third party (e.g., insurance provider) for billing purposes.

INSURANCE PAY

□ By checking this box, I understand that information will be released to my insurance company for the purpose of making claims for services provided. I will be responsible for any amount not paid by the insurance company, as allowed by provider contract.

AUTHORIZATION FOR RELEASE OF INFORMATION AND ASSIGNMENT OF

BENEFITS

I hereby authorize payment of benefits to be made directly to Jennifer Lubanski Counseling, LLC for services provided. I authorize Jennifer Lubanski Counseling, LLC to release information on my behalf to facilitate third-party payment for service I have incurred. I understand that I am financially responsible for any charges not covered by this assignment, except where expressly prohibited by provider contract.

Employer Providing Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee DOB: \_\_\_\_\_\_\_\_\_\_\_

Employee Insurance ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Relationship to Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Client Signature (or guardian) Date

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

Client Name (please print) Phone Number