

**Billing Agreement**

I understand and agree that it is my responsibility to check with my insurance carrier regarding coverage of counseling and what types of providers are covered under my plan.

<b>Client Information</b>
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FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

<b>Other Responsible Party</b>
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If someone other than the client is responsible for payments, please fill in the information below:

FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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**Primary Insurance**

INSURED'S ID#: \_\_\_\_\_ INSURED POLICY, GROUP OR FECA#: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

**Primary Insured**

**If someone other than the client is the primary insured for this policy, please fill in the information below:**

FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RELATIONSHIP TO CLIENT: \_\_\_\_\_

**ASSIGNMENT OF BENEFITS**

I authorize payment by my insurance company to be paid directly to Cathy Weeg, LPC and Jennifer Danhauser, LPC and Mike Worrall, Ph.D for services rendered. Please note, these practitioners may differ regarding their preferred/non-preferred status with your insurance company. I understand that I am financially responsible to for charges applied to the insurance deductible and for all charges limited by the insurance carrier. I authorize Cathy Weeg, LPC and Jennifer Danhauser, LPC and Mike Worrall, Ph.D to give copies of any records when needed for payment by my insurance carrier and/or its affiliates.

\_\_\_\_\_  
**Client or Legally Responsible Person**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Cathy Weeg, LPC**

\_\_\_\_\_  
**Date**