

Evelyn Farrell, Ph.D.

Authorization of Benefits & Authorization for Release

Private insurance companies and government insurance program such as Medicare and Medicaid require you to sign an assignment of benefits for us to bill your insurance directly. For this reason, I require your consent to release medical information to your insurance company and any other parties cooperating in the delivery of your care.

Assignment of Insurance Information

I hereby authorize assignment of benefits and payment of medical/mental health benefits to Evelyn Farrell, Ph.D. for services rendered to myself and/or other dependents. I agree to be responsible for payment of any co-pay charges and any balance due for charges not covered by my insurance policy. I understand that co-pays are due at the time of service and any additional charges are due in full upon receipt of my first statement. I authorize my insurance company to credit me for any overpaid benefits. These credits will be applied toward my sessions or to me directly at the end of treatment. By signing this form, I recognize that my protected health care information (PHI) may be released for treatment, payment and health care operations. I have the right to revoke this consent, in writing, except where disclosures have already been made by my prior consent. I recognize that if I do not consent to release my PHI for the above purposes, I will not be denied treatment, but the provider may not be able to utilize my insurance for payment.

Authorization for Release of Insurance Information

I hereby authorize Evelyn Farrell, Ph.D. or authorized staff of Evelyn Farrell, Ph.D. to contact my insurance company directly to obtain coverage and payment information regarding my policy.

This consent is given freely with the understanding that:

1. All records, whether written, oral, or in electronic format, are confidential and cannot be disclosed for reasons outside of treatment, payment, or health care operations without my prior written authorization, except as provided by law.
2. A photocopy or fax of this consent is as valid as the original.

Client Name (Printed): _____

Client (or Guardian) Signature & Date: _____

Evelyn Farrell, Ph.D. _____