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Client Authorization for Insurance Utilization

I, _____ (Client), hereby authorize Tom McCabe, MA, LPC to submit claims for insurance payment for my counseling services and for Tom McCabe, MA, LPC to release or exchange with health insurance plans any of my mental health treatment records or other protected health information necessary to support those claims. This authorization covers any and all private and government health plans under which I am eligible for benefits. I understand that Tom McCabe, MA, LPC is not obligated to accept my insurance benefits as payment nor to submit claims for me, but that he may do so as a courtesy for my convenience.

I understand that by asking Tom McCabe, MA, LPC to submit claims for me, I may be authorizing my health insurance plans to review my protected health information, including but not limited to my diagnoses, services received, treatment plans, clinical and functional assessments, and my counselor's progress notes about my counseling. I also understand that if a person other than myself is the subscriber or policyholder for one of my insurance plans, that person may receive information from that insurance plan about my counseling services, including explanation of benefit forms listing dates of service, service codes, and amounts paid.

I also hereby request and authorize payment of insurance benefits either to myself or to Tom McCabe, MA, LPC, according to my payment arrangement with him. I understand and agree that I remain responsible for full payment for all counseling services provided to me by Tom McCabe, MA, LPC, including those which may be covered by my insurance plans.

In addition, by signing below, I authorize Tom McCabe, MA to request preauthorization and submit insurance claims without obtaining my signature on each and every request or claim and that I will be bound by this signature as though I had personally signed each particular request or claim.

Client signature: _____ Date: _____