



Insurance Form

Clients who want the Center to submit claims to an insurance company must complete this form.

Client Name: _____ **Client Phone Number:** _____

Client Social Security Number: _____ **Gender:** ___F ___M **Date of Birth:** ____/____/____

Policy Holder: _____ **Policy Holder Date of Birth:** ____/____/____

Relationship of Policy Holder to Client: ___Self ___Spouse ___Child

Primary Insurance Company: _____

Primary Insurance Company Address: _____

City: _____ **State:** _____ **Zip** _____

Primary Insurance company phone number: _____

Insured's ID # (Primary company) _____ **Insured's Group # (Primary company)** _____

If there is another health plan benefit, provide policy information for secondary plan:

Secondary Insurance Company: _____

Secondary Insurance Company Address: _____

City: _____ **State:** _____ **Zip** _____

Secondary insurance company phone number: _____

Insured's ID # (secondary policy) _____ **Insured's Group # (secondary policy)** _____

Policy: Your insurance plan is a contract between you and your insurance carrier for specific medically necessary services. You are responsible for understanding your insurance policy (deductibles, copayment, coinsurance, and covered services). You will be financially responsible for services deemed as not medically necessary by your insurance carrier. In order for your services to be covered your therapist will need to provide the insurance carrier with a mental health diagnosis.

As a courtesy, the Center generates and mails insurance claims for all insurance plans. In order to have the Center send an insurance claim to your insurance carrier, you must provide the insurance information requested above. In-network and out-of-network plans have different financial obligations, as noted below.

In-Network Plans. Many Center therapists participate in several provider networks. If your Center therapist is participating in your insurance carrier's network, the Center will file the insurance claim and receive payment from the carrier. You must pay the expected copayment, coinsurance, and/or deductible at the time of service. Because insurance carriers do not guarantee benefits until a claim is processed, your expected portion may differ from the initial information provided to you. If your account develops a balance due, you will be mailed a statement, and payment will be expected within 30 days of the statement. If your account develops a credit, you may have the credit applied to future sessions or receive a refund. Some charges may not be covered by the insurance company, and these charges will be the responsibility of the client.

Out-of-Network Plans. If your Center therapist does not participate in your insurance carrier's network, you are expected to pay the full amount at the time of service. If you wish, the Center, as a courtesy, will send the insurance claim to your carrier and you will receive reimbursement from your carrier.

I have read and understand the insurance information as stated above. I hereby authorize The Women's Center to submit insurance claims to the insurance carrier(s) indicated above. I further hereby authorize The Women's Center to release any information necessary to process insurance claim(s). If my therapist is an in-network provider, I assign all applicable benefits to which I am entitled, including government sponsored programs, private insurance, and any other benefits to which I am entitled to The Women's Center and I authorize payment of all applicable insurance benefits directly to The Women's Center. I permit a copy of this authorization to be used in place of the original.

Client Signature: _____ **Date** _____

www.thewomenscenter.org

In Virginia: 133 Park Street, NE, Vienna, Virginia **P** 703-281-2657 **F** 703-242-1454

In Washington DC: 1025 Vermont Avenue, NW, Suite 310, Washington, DC 20005 **P** 202-293-4580 **F** 202-293-4583