



Assignment and Release

I certify that I and/or my dependents have the insurance coverage listed on the intake registration form and assign directly to Evolving Reflections all insurance benefits otherwise payable to me for services rendered. I authorize use of my signature on all insurance admissions.

I understand that I must pay copayments, deductible fees, and self-pay fees prior to each consultation in order to receive services. If I cannot provide payment, I understand that I must notify Evolving Reflections to receive further instructions.

I understand that my insurance is a contract between my insurance carrier and myself. I understand that Evolving Reflections will help file my insurance claims but CANNOT guarantee that insurance will pay my claim. I understand that I am financially responsible for all charges whether paid by my insurance or not. I understand that Evolving Reflections will not enter into a dispute with my insurance carrier over the claim.

Evolving Reflections may use my health care information and may disclose such information to my insurance companies and their agents for the purpose of obtaining payment for services and authorizations, and to determine insurance benefits.

My signature below indicates that I have read and understand this release.

Signature

Date

Parent/Guardian Signature

Date