FINANCIAL/INSURANCE

1. I understand that I am responsible for all charges incurred and that services must be paid in full at the time of visit unless other arrangements have been made in advance. If for any reason my insurance does not pay for these services, I understand that I am responsible for all charges. Should my account be referred to an attorney or collection agency for collection, the undersigned shall pay the attorney fees and collection expenses. _____(Initial)

2. By my signature below, I hereby certify that the information given on the Intake Form is correct. I give permission for Teri Tingey to provide information concerning my diagnosis, treatment and prognosis as requested by an insurance company or attorney. The insurance company is instructed to pay Teri Tingey directly for all professional services rendered on my behalf. This instrument is an assignment of my rights to the extent of the fees for services and in cases of attorney representation, directs the attorney to withhold from settlement, judgment or verdict, such sums as may be necessary to pay these fees. All sums paid under the assignment are to be credited directly to my account. A photocopy of this assignment may serve as the original. _____(Initial)

3. A bill for payment or co-payment will be provided at the end of each month if requested.

4. I understand that I will be charged the full fee for missed appointments unless a 24-hour notice is given. _____(Initial)

I have read, understood and agree to the above terms.

_____ _____

Signature of client or legal guardian of client Date

INSURANCE INFORMATION

Has coverage been authorized? Yes _____ No _____ Authorization Number:_____
Insurance Company: _____ Group Number:_____
Do you have an out of network deductible? Yes _____ No _____
Insured's place of employment:_____
Insured's date of birth: _____
Address or P.O. Box Number where claims are to be mailed:_____
City _____ State _____ Zip _____
Are you able to provide a copy of your insurance card? Yes _____ No _____