

INSURANCE INFORMATION

Patient Name _____ Date of Birth _____

I acknowledge that our family is currently in network with _____ and that the patient specified above is covered by this plan.

Membership (ID) Number for the Patient listed above: _____

Name of the Primary Card Holder (if patient is a dependent): _____

Primary Card Holder Date of Birth _____

Group Number: _____ Associated ZIP _____

☐ I have attached a copy of our current insurance card for your records

☐ The patient listed above is not currently covered by any insurance plan

I understand that Carri Riemer is gathering this information to have on file and that this does not mean that any steps will be taken to become in network with my provider. Please review the points below and initial next to each one to indicate that you both understand and agree to the information stated.

_____ If Carri Riemer begins to accept our insurance at any point in time, I provide permission for her to begin to bill our insurance directly for any services rendered.

_____ I understand that if Carri Riemer does become an in network provider with our insurance, not all sessions will be covered and I take full responsibility for any charges that my insurance denies. I am also aware that I will be responsible for any co-insurance / co-pays / deductible as specified within my plan. I continue to authorize Carri Riemer to utilize the credit card that I have on file to pay for any of these charges. If I do not currently have a credit card on file, I will provide checks to cover any charges that arise.

_____ If my insurance policy changes at any point in time, it is my responsibility to notify Carri Riemer. I am aware that sessions that may have previously been covered will not necessarily be covered moving forward and that, if I am no longer in network, the fee structure for our sessions will revert back to those specified within Carri Riemer's private pay agreement.

_____ Carri Riemer maintains a 24 hours cancellation policy. Sessions cancelled within 24 hours of our session time will continue to be subject to a \$150.00 cancellation fee. I understand that this is not covered by insurance and I will be responsible for this cancellation fee. Moreover, individuals must be on time for all sessions; if one arrives more than 14 minutes late for a scheduled session, the session will be considered cancelled. Accordingly, these sessions will not be processed through insurance and Carri Riemer's cancellation fee will apply.

I have completed the information on this form to the best of my knowledge. I have further initialed next to the policies listed above, specifying that I both understand and agree to each point respectively.

Signature (if under 18, signature of parent/guardian)

Date