Mothering Voice Psychological Services, PLLC

BILLING INFORMATION AND AUTHORIZATION

Bluestone Psychological Services provides all administrative services for my clinical practice, including all billing services. Please complete the following information, which is requested per my payment policies:

I ____ authorize Bluestone Psychological Services to charge my card as indicated below when I have a balance due on my account. Such charges may be for missed appointments, appointmnets cancelled with less than 48 hour's notice, or due to other causes, such as deductibles reported by my insurance company.

Card to charge: Visa, MC, Amex, Other: ___________ **Name on card:** ______________________________

Number: ____ **Exp Date:** ____________ **CVS:** __________

If you are using insurance benefits, please complete this section: Bluestone or it's contracted billing service will bill the following insurance company(ies) and they may pay Bluestone directly. I authorize Bluestone to release the necessary information for use by insurance company(ies) for processing claims for treatment and/or for requesting the authorization of additional sessions, including the release of PHI, diagnosis, and clinical information. **PLEASE BRING YOUR CARD WITH YOU TO YOUR APPOINTMENT.**

Company: ____________________________ **ID Number:** __________________________

Group Number: __________________ **Subscriber Name and Date of Birth:** _____________________

Secondary Company: ____________________________ **ID Number:** __________________________

Group Number: __________________ **Subscriber Name and Date of Birth:** _____________________

I assign directly to Bluestone all medical benefits, if any, otherwise payable to me for services rendered. I understand I am financially responsible for all charges whether or not paid by insurance.

Parent/Client signature: _________________________________ **Date:** ______________