Gainesville Healing House, Inc.
352-660-4142

Client Information Regarding Fees and Appointments

Insurance Billing

Do You Wish Us To Bill Your Insurance For Reimbursement For You? ___ Yes ___ No

If yes, please fill out the information below:

Insurance company/plan: _____

Insurance policy #: _____ Effective date: _____

Policyholder: _____ Date of Birth: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

I wish to have my insurance company, _____, billed for my sessions. I understand that my insurance company requires me to have a mental health diagnosis in order to reimburse for my sessions and that my insurance company has a right to access information about my sessions including my mental health status, diagnosis, and a copy of my record. I agree to have information regarding my mental health status and diagnosis submitted to the insurance company for reimbursement.

I understand that Gainesville Healing House, Inc. is billing out of network as a courtesy for reimbursement. I agree to pay the full fee and possibly be reimbursed by my insurance company at the insurance companies discretion and time frame.

I agree to notify Gainesville Healing House immediately of any changes I make in my insurance policy.

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My signature attests that I have read and understood these policies.

Client Signature _____ Date _____