

**INSURANCE INFORMATION**

	<u><b>Primary</b></u>	<u><b>Secondary</b></u>
Name of Insurance Comp	_____	_____
Policy Number	_____	_____
Group Name	_____	_____
Group Number	_____	_____
Name of Insured	_____	_____
Insured D.O.B	_____	_____
SS# of Insured	_____	_____
Employer of Insured	_____	_____

**PLEASE READ CAREFULLY**

The patient is responsible for ALL fees, regardless of Insurance Coverage. All charges are due at time of service unless other arrangements have been made in advance. I understand that I am responsible for any amount NOT covered by insurance. I hereby authorize payment directly to Therapy Center Valdosta all insurance benefits not to exceed the Center's regular charges. I hereby authorize Therapy Center Valdosta to release the information needed to any physician and/or third party responsible for payment of such services.

**APPOINTMENTS-** Schedule, change and cancel appointments through the office manager. If you find that you cannot keep your appointment, notify our office as soon as possible. A charge may be made for all appointments not cancelled 24 hours in advance, and this charge will be the responsibility of the patient.

**AUTHORIZATION FOR TREATMENT/ACKNOWLEDGEMENT OF PATIENT RIGHT**

I, the undersigned, hereby request treatment by the staff of Therapy Center Valdosta. I understand that this office does not discriminate on the basis of race, creed, religion, age, sex, political affiliation, physical or mental handicap. I realize that such treatment will be conducted by a treatment team which may include therapists, social workers, psychologists, medical doctors and under appropriate supervision. In addition, I understand that I have rights as a patient and realize procedures exist to file any grievances that may arise during treatment. This authorization will continue in effect until revoked in writing.

**Notice of Privacy Practices**

This \_\_\_\_\_ Day of \_\_\_\_\_ 200\_\_\_\_\_

\_\_\_\_\_  
(Patient's signature or legal guardian)                      (Date)                      (Staff's signature)