

Insurance Submission AuthorizationDo you have insurance? Yes NoWould you like us to bill your insurance? Yes NoEven if you do not plan to use your Medicare benefits, are you currently enrolled in Medicare Part-B? Yes NoIs CIGNA your primary insurance? Yes No

If you would like us to submit insurance claims on your behalf, please read the following, attach a photo of the front and back of your insurance card, and sign below. Otherwise, you may skip this section.

This document authorizes the staff of The Clinic to automatically submit electronic claims to the patient's insurance company for charges associated with the treatment of the patient named above. The undersigned acknowledges that The Clinic may be an out-of-network provider and in such cases is submitting claims as a courtesy service. The undersigned takes full responsibility for following-up with insurance company regarding payment. Payment will be sent directly to the insured.

I understand that billed services will be subject to the parameters agreed upon between myself and my treating clinician and outlined in the "Policies and Procedures Agreement." I have received a copy of this agreement and understand these policies.

Signature of Insured_____
DateInsurance card
(front)Insurance card
(back)