

Advance Counseling Centre, PLLC
L. Kay Byers, LPC
1431 Greenway Drive, Ste. 800, Irving, TX 75038
(214) 546-4514

ASSIGNMENT OF BENEFITS

Advance Counseling Centre, PLLC will initiate billing procedures with your insurance company. All professional fees are billed to the appropriate insurance provider shortly after services are provided. Fees generally cover psychological evaluations, individual therapy session, and special family therapy sessions. Your insurance provider may send you a statement, an Explanation of Medical Benefits, for all of my services. All client information is kept confidential in accordance with my privacy policy. Legal and ethical requirements specify certain conditions when it is necessary to share information about the patient with other professionals. The client's insurance provider sometime requests clinical information to support payment. Insurance companies are responsible for keeping this information confidential as well. I authorize L. Kay Byers, LPC to furnish information to my insurance carrier concerning my professional services rendered, and I understand that I am responsible for paying the amount not covered.

This assignment covers any and all benefits under private insurance and other health plans for services rendered. In the event my insurance carrier does not accept assignment off benefits, or if payment is made directly to me, I will endorse such payments to L. Kay Byers, LPC. I understand that I am responsible for any change not reimbursed by private insurance coverage that is in effect. I authorize the release of any medical information and/or reports related to my treatment to any federal, state or accreditation agency, or any physician or insurance carrier as needed.

I have read, understood, agree, and consent to the assignment of benefits stated in this agreement. I also understand that this assignment of benefits will remain in effect unless revoked by me in writing or will expire when treatment is discontinued.

Client's Full Name

Client's Signature

Date

For child clients, guardian/medical consenters signature

Date