



Client Insurance Form

Name as it appears on insurance card: _____

Insurance Company: _____

Member ID: _____

(For Tricare, your Member ID is the Sponsor's Social Security Number or your 11 digit Benefits #)

Priority (circle one): Primary Secondary Tertiary Quarternary

(If you have more than one insurance policy, please fill out an additional form for each policy)

Policy Group (leave blank if unsure): _____

Plan Name (leave blank if unsure): _____

Policy Holder's relationship to client (circle one): Self Spouse Child
 Life Partner Other Relationship: _____

Acknowledgement

I authorize Kairos Counseling Center to release information to the insurance companies provided on this form in order to submit insurance claims on my behalf. This authorization extends to the extent necessary to obtain payment for the services provided to me, and includes authorization to release information about mental health, substance use, or HIV diagnoses as required. In consideration of the services provided to me, I assign all benefits to Kairos Counseling Center if accepted, and authorize my insurance companies, Medicare, or other third-party payers to make payments directly to Kairos Counseling Center and its affiliates. I understand that I remain responsible for all amounts due by me, including (but not limited to) copays, coinsurance, deductible amounts, and all services not covered by my insurance plan (including those for which I fail to obtain prior authorization), and mutually agreed-upon services or fees that are deemed not medically necessary.

Signature: _____

Print Legal Name: _____