

ANDREA TANG COUNSELING SERVICES, LLC

Taking Next Steps Together

1555 NW Saint Lucie West Blvd Ste 201 Port Saint Lucie, FL 34986 P: (772) 999-1438 F: (772) 361-6861 E: info@atangcounseling.com

Assignment of Benefits and Release of Information

I hereby authorize my insurance benefits to be paid directly to Andrea Tang Counseling Services, LLC. I understand that I am financially responsible for all co-pays, deductibles, and non-covered services. I authorize the release of any medical and mental health records necessary to process insurance claims on my behalf.

Client's/Patient's Name

Signature of Client/Patient/Responsible Party

Date

Acknowledgment of Self-Pay Status

I have health insurance, but I do not want my health insurance billed and have elected to pay out of pocket at the rate set by Andrea Tang Counseling Services, LLC. By signing this, my mental health records and billing information **WILL NOT** be released to my health insurance plan for any reason unless I give written permission to do so. I understand that payment is due at the time of service.

Client's/Patient's Name

Signature of Client/Patient/Responsible Party

Date