

CORNERSTONE CHRISTIAN COUNSELING, P.C.

ASSIGNMENT AND RELEASE FORM

Client Name _____ DOB _____

I, the undersigned hereby authorize the release of any clinical/medical information necessary for the processing of insurance benefits payable to myself or Cornerstone Christian Counseling including medical and/or major medical benefits. I am financially responsible to Cornerstone Christian Counseling for services not covered by this assignment. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that my personal information and clinical file may be reviewed by a clinical supervisor who is a licensed psychologist and that I may contact him through the office if deemed necessary.

X _____

Signature of patient or parent or legal guardian

Date

I authorize Cornerstone Christian Counseling to provide medtec, a billing agency, with whatever demographic, insurance and clinical information is reasonable and necessary to obtain payment from both insurance carrier and the responsible party.

X _____

Signature of patient or parent or legal guardian

Date

By signing below, I acknowledge that I have received a copy of Cornerstone Christian Counseling's Notice of Privacy Practices and HIPAA form.

X _____

Signature of patient or parent or legal guardian

Date

CHARGES

(If CCC is a network provider for your insurance, charges may vary)

Initial Assessment \$185.00

One Hour Sessions \$140.00

One Half Hour Sessions \$70.00

Groups or testing-charges vary