Dr. Roberta L. Marowitz, LMFT

COUNSELING & RELATIONSHIP INSTITUTE
237 Lookout Place, Maitland, FL 32751
Phone: (407) 865-3855 Fax: (321) 203-2512

Insurance Payment Authorization Form

1. Insurance claims are filed for services rendered by Counseling & Relationship Institution on behalf of clients as a courtesy and this policy may be adjusted or discontinued at any time.
2. Insurance companies will require information about diagnosis and treatment in order to authorize payment of services.
3. If payment is denied by an insurance company, it is the client's responsibility to pay for services rendered agreed upon rate, indicated by Dr. Roberta Marowitz at the onset of treatment.
4. Please note that not all issues, conditions, and/or problems that are a focus of psychotherapy are reimbursed by insurance companies. It is the client's responsibility to verify the specifics of coverage.
5. It is fraudulent to bill insurance companies for sessions scheduled and unattended. Clients are responsible for payment of any late or no show fees accrued as agreed upon at the onset of treatment.

Full Client Name: _____ Client Date of Birth:____/____/_____

Address: _____

City: _____ State:_____ Zip:_____

Home Phone: (___)_____ Work Phone: (___)_____ Cell/Other: (___)_____

Name of Insured: _____ Date of Birth of Insured:_____

Insurance Company: _____ Employer of Insured:_____

Insured SS#: _____-_____-_____ Insurance Co. Phone Number: (_____)_____

ID/Policy #: _____ Group Number:_____

Insurance Company Full Address (including 9-digit zip code):

Line 1: _____

Line 2 (optional): _____

City: _____ State:_____ Zip:_____-_____

Is there any secondary insurance coverage? ▢ No ▢ Yes

I have read and understand the above information and I authorize Counseling & Relationship Institute to submit any and all necessary information required for claims or case management to the aforementioned insurance company/payee.

_____ _____/_____/_____
Signature of Client Date

_____ _____/_____/_____
Signature of Legal Guardian, if needed Date

**** Please bring an enlarged copy of your insurance card to your initial appointment**