



### INSURANCE AGREEMENT

Client Name: \_\_\_\_\_ Client's Birthday (M/D/YY): \_\_\_\_\_

Name of Insured Person: \_\_\_\_\_ Insured Person's Birthday (M/D/YY): \_\_\_\_\_

Insured Person's Full Address: \_\_\_\_\_

Insured Person's Phone Number: \_\_\_\_\_

Client Relationship to Insured:  Self.  Child.  Spouse/Partner.  Other: \_\_\_\_\_

**Attach a copy of the front and back of the client's insurance card to this agreement.**

Insurance Company: \_\_\_\_\_ Plan Name: \_\_\_\_\_

ID Number on Card: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insured Person's Employer: \_\_\_\_\_

Date this insurance plan became effective: \_\_\_\_\_

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**Please call your insurance company and ask the following questions before submitting this form.**

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Does your plan cover telehealth services?  Yes.  No

Do you have a deductible that applies to your mental health services?  Yes.  No

If yes, how much is your deductible? \_\_\_\_\_ How much of your deductible has been met this year? \_\_\_\_\_

What is your co-pay or co-insurance for each session? \_\_\_\_\_

Do you need a pre-authorization or certification for psychotherapy sessions?  Yes.  No

Do you have a secondary insurance plan?  Yes.  No

If yes, please complete a separate *Insurance Agreement* for that plan and make a note at the top of the page which is primary insurance and which plan is secondary insurance.

#### CONSUMER RESPONSIBILITY STATEMENT

- I understand that my portion of the fee is due at time of service. The cost for an intake assessment appointment is \$150, and the cost per psychotherapy session is \$120.
- I understand that a no show/late cancellation fee of \$90 will be charged for appointments cancelled without 24 hours notice., or anytime I do not appear for a scheduled session.
- I understand that I am responsible for paying my deductible and any amounts not covered by my insurance plan.
- I authorize the release and exchange of information needed to verify and process insurance payments to Susan Ruby, MA, LMHC, PLLC.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_