

Out of Network Processing Information Form

Collaborative Counseling Center (CCC) uses a fee-for-service model and asks that you provide payment in full at the time of service. We do not process insurance claims; however, we are happy to provide all necessary documentation to parents/guardians to submit claims on their own behalf.

If you plan to submit receipt and health insurance claim forms on your own behalf, complete **Section A**. If not, skip to **Section B**.

Client Name: _____ **Date of Birth:** _____

Provider(s): _____

Section A.

Insurance Information _____

Insurance Carrier _____

Policy Number _____

Group Number _____

Policy Holder Name _____ DOB _____

Relationship to Client _____

You must provide a copy of the front and back of your insurance card.

Section B.

☐ I do **NOT** plan to submit to my health insurance for out of network reimbursement.

Section C.

The federal No Surprises Act aims to help clients understand health care costs in advance of care. Clients who do not plan to submit to their health insurance company have the right to request a Good Faith Estimate for future services rendered.

To Be Completed By Office Staff:

Intake Date _____

Provider _____