

Beacon Couple and Family Therapy
793 Ericksen Ave. NE, #123, Bainbridge Island, Washington 98110
216 First Ave. S., #210, Seattle, WA 98104
(206) 780-1036 / (206) 853-6852

Financial Responsibility

I authorize my provider and/or Beacon Couple and Family Therapy to release information to insurance carrier(s) listed and be paid directly by insurance carrier(s) for services billed. I acknowledge that I am responsible for all charges not paid by my insurance companies including copays, coinsurance, deductibles, insurance plan refusal to pay for failure to obtain authorization and missed and late cancellation fees.

Print name of Subscriber: _____

Signing on behalf of: _____
_____ (If patient is not financially responsible party)

Client's Relationship to Subscriber: Self [] Spouse [] Child [] Other []

Insurance Company: _____

Patient's ID #: _____

Subscriber's SSN: _____

Subscriber's Birth Date: _____

Subscriber's Employer: _____

Do you have secondary insurance? Yes [] No []

If so, with whom? _____

Secondary ID #: _____

Signature: _____

Date: _____