Barbara Hudson M.Ed.

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Authorization to Bill Insurance

Your signature below will indicate you understand and agree to the following-

Insurance companies require therapists to provide a diagnosis for a mental disorder or condition in order to pay for treatment. You have the option and the right to know what this diagnosis is, and have it explained to you. Please let me know if you don't understand your diagnosis, or if you disagree with it.

Your signature authorizes me to collect payment directly from the insurance company. You are responsible for any co-pays not covered by insurance. If insurance denies your claim for any reason you are responsible to pay the fee insurance would have paid. If you cannot pay for therapy please discuss this with me as soon as possible. We can work out a payment arrangement and discuss your options regarding continuing services.

If you are not the primary insured person, but an adult dependent, then you authorize me to contact the primary insured for any information you cannot provide, but which is needed to process a claim.

Your insurance company has the right to ask me for more information regarding your treatment. Your signature authorizes me to discuss your diagnosis and treatment with your insurance company in order to justify payment and/ or authorization of sessions.

I do my insurance billing through a service called Office Ally. They process my claims and submit them to your insurance electronically. Your demographic data, diagnosis, and insurance claim forms are stored at their secure website. This information can only be accessed by using my unique log-in and password. I am the only person who has this information. My session notes are hand written and stored securely according to HIPPA regulations. If you want to know more about Office Ally's privacy and security policies please visit their website at www.officeally.com.

Print your name and the date here

Signature