The Couple's Workshop
201 Possum Park Rd
Suite #3
Newark, De. 19711
Ph (302) 533-6942
Fax (302) 533-6781
coupletherapyworkshops.com



Insurance Consent

I am responsible for obtaining all authorizations and for all charges not covered. I understand that I am responsible for charges not covered or reimbursed by the above agents.

I authorize The Couple's Workshop administrators to communicate with my insurance company for the purpose of claim verification and authorization for services, including a diagnosis code, and for my insurance carrier to release information regarding my coverage to The Couple's Workshop. I authorize the release of any medical or other information necessary to process this claim.

Based upon my coverage, contract, or subsidized fee plan, I agree to pay the following for my services:

<u>\$150.00</u> for each office visit (deductible / co-pay / co-insurance or self-pay fee)

<u>\$75.00</u> for appointments cancelled with less than a 24-hours notice (unless an exception is granted by my therapist)

<u>\$150.00</u> for Video Therapy sessions not covered by insurance (at the discretion of my therapist)

\$75-\$150 for phone consultations / sessions longer than 30 minutes (at the discretion of my therapist)

I have read the above statements and accept the terms.

 _ _ [Client Signature]		 [Date]
	 [Relationship]	 [Date]
Party responsible for payment: Self Other/Relationship:		
Insurance (The office will need	a copy of both sides of y	our insurance card.)
Primary Insurance:		Phone
Insured Name:	DOB:	SSN#
ID#	Group:	Employer:
**Authorization # (if required by **If I fail to obtain authorizati Workshop for the denied sessi	on, I am responsible fo	r payment to The Couple's