

Marsha Hahn Psychotherapy & Consulting PLLC
2326 Rucker Ave., Everett WA 98201
(425) 309-1050

BILLING INFORMATION AND AUTHORIZATION

I, _____, authorize Marsha Hahn Psychotherapy & Consulting PLLC to charge my card as indicated below when I have a balance due on my account. Such charges may be for missed appointments, appointments cancelled with less than 48 hours' notice, or due to other causes such as deductibles or copays reported by my insurance company.

Card to charge: VISA, MC, Amex, Other: _____ **Name on card:** _____
Number: _____ **Exp. Date:** _____ **CVV:** _____

If you are using insurance benefits, please complete this section:

Marsha Hahn Psychotherapy & Consulting or its contracted billing service will bill the following insurance company(ies) and they may pay Marsha Hahn Psychotherapy & Consulting directly. I authorize Marsha Hahn Psychotherapy & Consulting to release the necessary information for use by insurance company(ies) for processing claims for treatment and/or for requesting the authorization of additional sessions, including the release of PHI, diagnosis, and clinical information. **PLEASE BRING YOUR INSURANCE CARD WITH YOU TO YOUR APPOINTMENT.**

Insurance Provider: _____ **ID Number:** _____

Group Number: _____

Subscriber Name and Date of Birth: _____

Secondary Insurance: _____ **ID Number:** _____

Group Number: _____

Subscriber Name and Date of Birth: _____

I assign directly to Marsha Hahn Psychotherapy & Consulting all medical benefits, if any, otherwise payable to me for services rendered. I understand I am financially responsible for all charges whether or not paid by insurance.

Client/Parent signature: _____ **Date:** _____