



Billing Registration Form

Client Name: _____

Billing Address: _____

Billing E-mail Address: _____

OK to email billing and service documentation to this email address? Yes No

If there is a secondary email you would like billing and service documentation sent to, please list:

Do you want Gold Counseling Services, P.C. to submit claims for services provided to your insurance carrier? Yes No (If yes, we will need a copy of your insurance card (front and back) for our records)

Name of Policy Holder: _____ **Policy Holder Date of Birth:** _____

Please read the following carefully and sign below:

I give permission to Gold Counseling Services, P.C. and billing staff to send required information to my insurance company for billing purposes. I understand that:

- a) I am placing my signature on file.
- b) Gold Counseling Services, P.C. will submit claims and provide necessary information for processing, but cannot guarantee whether insurance will accept the claim out of network. In the event claims are not accepted by my insurance, I understand I can request invoices to submit independently and am responsible for contesting claims.
- c) I am responsible for any unpaid balance.
- d) I understand there may be a fee if I fail to give 24 hours' notice for cancellation of my appointment. I understand that my insurance does not cover the cost of missed sessions.

Signed: _____ **Date:** _____