



**INSURANCE AND PAYMENT POLICY CONSENT:**

\_\_\_\_\_ I authorize ***Building Blocks Therapy Clinic, LLC***, to submit claims to my insurance company on my behalf and authorize my insurance company to pay benefits as well as release the explanation of benefits to ***Building Blocks Therapy Clinic, LLC***. In the event that a therapy service is not covered by my private insurance and no additional insurance is active such as Medicaid, I agree to pay, ***Building Blocks Therapy Clinic, LLC***, the current rate of \$150 for evaluations and \$60 for treatment sessions within 30 days of service. I understand that I will not be billed for any Medicaid “covered” services furnished to me which were billed to Medicaid during the time I had active Medicaid Coverage for those services.

\_\_\_\_\_ I understand that I must notify ***Building Blocks Therapy Clinic, LLC*** immediately should there be a change in insurance.

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Policy Holder Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Relationship to client: \_\_\_\_\_  
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Policy Holder signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Copy both sides of insurance card on back**

**\*\*Reserved for copy of both sides of insurance card\*\***