

The Private Practice of Kirstin R. Abraham, LCSW

4014 Greenleaf St. Indian Trail, NC 28079

RESPONSIBILITY TO KNOW YOUR INSURANCE COMPANY

Over The past decade, the number of different health care programs has increased at an amazing rate. Within one insurance company there may be several programs with varying benefits and requirements. It is the patient's responsibility to know and keep up with their program and provisions.

Please understand your insurance plan's regulations and protocol because unless you follow them carefully, your insurance company may decline all or part of you claim. Your insurance carrier should have provided you with a telephone number for you to use if you have any questions or concerns about your coverage.

"I understand that as the patient, it is my responsibility to understand my Insurance Plan.

I authorize the release of Kirstin R. Abraham's records to referring & family physicians, and to my insurance company, if applicable. I allow fax transmittal of my medical records, if necessary.

It is understood and agreed that my purpose in requesting examination and treatment is for medical/therapeutic purposes only and not in connection with pending or proposed litigation. Should such litigation arise, it is further understood and agreed that the treating LCSW will not participate in any way in litigation or fill out/sign forms relating to litigation or disability, except to provide a true and accurate copy of any medical records in the possession and control of this office pursuant to an authorization by the undersigned."

Patient Name: _____

Patient Signature: _____ Date: _____