

MKF Counseling
Micki Frazier LCSW
425 Amwell Rd, Suite 1, Hillsborough, NJ 08844
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mkfcounseling@gmail.com

I, _____ hereby authorize any insurance carrier under which benefits are due me to assign payment directly to the following provider: MKF Counseling
For any claim regarding:

_____ Client name _____ Relationship to Insured

Signed: _____ Date: _____

I authorize the release of any medical information necessary to process my insurance claims:

Signed: _____ Date: _____

I have been informed that there will be a charge for any appointments that I schedule and then break or cancel within 24 hours of the scheduled time. I understand that these appointments will be recorded in the provider's office notes as cancelled or broken and I will be personally responsible for the payment of these appointments in full.

If I am being seen as the result of an accident, I will instruct my attorney to pay these outstanding balances out of my suit settlement or in the absence of his/her cooperation, I will pay them personally upon settlement. Should I not receive a settlement sufficient enough to cover any balance remaining, I again will be personally responsible for their payment in full.

Signed: _____ Date: _____

If client is a minor or under guardianship, please sign the following:

I am personally responsible for the payment of services rendered to

_____ who is my _____
Client name Relationship to guardian

and will abide by the above agreement.

Signed: _____ Date: _____

I acknowledge and understand that I am responsible for all of the charges for all of the services rendered to me or any member of my family. Although I have requested the provider to bill my insurance company on my behalf, I clearly understand that it is my responsibility to make sure the bill is paid in a reasonable time. If for any reason any of my bill is not paid by my insurance, I further agree to make arrangements for prompt payment of the bill. I hereby agree to pay my account as services are provided. If for any reason there is a balance owing on my account, I agree to pay promptly upon receipt of my bill.

Signed: _____ Date: _____