



A Caring Counselor  
9900 W. Sample Rd., Suite #300  
Coral Springs, Fl. 33065  
...a healing place  
[acaringcounselor.com](http://acaringcounselor.com)

**RELEASE OF INFORMATION TO YOUR INSURANCE COMPANY AND ASSIGNMENT BENEFITS TO:**

**A CARING COUNSELOR INC./or Cindy Ricardo, LMHC - FOR SERVICES RENDERED**

**RELEASE OF INFORMATION:**

I hereby authorize the release of any information necessary to process my claim to my insurance company(ies), including any release of information necessary to obtain managed care authorization of sessions and utilization review required by managed care company.

**ASSIGNMENT OF MEDICAL BENEFITS:**

I also hereby authorize my insurance company(ies) to pay medical benefits directly to: A Caring Counselor Inc./ Cindy Ricardo, LMHC

NOTE: I understand that I am responsible for any unpaid balance due at the end of my counseling if my insurance company does not cover all costs. I permit copies of this authorization to be used in place of the original.

I also understand that I am responsible for canceling my appointments within 24-hours of the session, or I may be charged **a cancellation fee of \$100.00**. I understand that my insurance company will NOT pay for failed or cancelled appointments.

**ACCEPTED AND AGREED TO:**

\_\_\_\_\_  
PATIENT'S SIGNATURE

DATE: \_\_\_\_\_

\_\_\_\_\_  
INSURED'S SIGNATURE

DATE: \_\_\_\_\_