2700 South Roan Street, Suite 435 Johnson City, TN 37601 P: 423.408.8041
support@journeycentercounseling.com

The Journey Center for Healing Arts

Insurance Fee Agreement

I authorize payment of government benefits and medical benefits to my therapist for services described in claims. The Journey Center for Healing Arts, PLLC (JCHA) will bill for services at their contracted rates as a participating provider with my insurance provider.

I understand the health plan under which I am covered may limit coverage for services provided by JCHA and/or may subject me to a deductible that must be satisfied before any benefits are provided under the health plan.

I will be personally responsible for the cost of any services provided to me by JCHA that are not covered by my health plan to the extent consistent with the terms of my health plan.

To process this and future claims and fees, I authorize the release of any medical or other information necessary, to my insurance company or person/entity responsible for payment:

Insurance Company:_____

ID #: _____ Group #: _____

Provider Phone #: _____

Primary Insured Party Name: _____

Client relationship to Primary Insured: _____ DOB: _____

Primary Insured Address: _____

I have read, I understand, and agree to the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

_____

Printed Name of Client Signature of Client Date

_____

Printed Name of Legal Guardian Signature of Legal Guardian Date

Relationship to client: _____

Client: **Date of Birth:**