Inspiring Change Counseling, LLC

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Regina M. Verlangieri, M.Ed., LPC, NCC, DCC

Licensed Professional Counselor
Nationally Certified Counselor
Distance Credentialed Counselor

Insurance Information

Name: _____

Birth Date: _____/ _____/ _____ SSN: _____

Insurance Company: _____

Policy Number: _____

Policy Holder's Name: _____

Policy Holder's Birth Date: _____/ _____/ _____ SSN: _____

Policy Holder's Employer: _____

Primary Care Physician's Name: _____

Number: _____

May this doctor be contacted for continuity of care? ☐ Yes ☐ No

BE ADVISED THAT BY SIGNING FOR REGINA VERLANGIERI, LPC, TO BILL YOUR INSURANCE COMPANY YOU UNDERSTAND THAT AUDITORS FROM THE COMPANY HAVE THE RIGHT TO COME IN AND INSPECT AND READ YOUR FILE. YOUR DIAGNOSTIC INFORMATION IS SUBMITTED TO THEM AFTER EACH SESSION. CONFIDENTIALITY IS NOT PRESERVED WHEN INSURANCE COMPANIES ARE BILLED. IF YOU DO NOT WANT ME TO BILL YOUR INSURANCE COMPANY YOU WILL BE RESPONSIBLE FOR THE FULL COST OF SERVICES AT EACH SESSION.

☐ CLIENT ACCEPTS THE ABOVE STATEMENT AND WISHES TO BILL INSURANCE

☐ CLIENT DECLINES TO HAVE INSURANCE BILLED FOR SERVICES AND WILL PAY THE FULL COST OF SERVICES AT THE TIME OF EACH SESSION

_____ _____

Client Signature Date