

**Brighter Futures Counseling, PLLC
Insurance Billing Agreement**

I elect to utilize insurance for my therapy services as outlined below.

I authorize the release of any information to my insurance carrier(s) necessary to process my claim, including but not limited to my protected health information as described in the HIPPA Privacy Policy. I authorize my insurance company to pay benefits to Brighter Futures Counseling, PLLC, 1002 North Mulberry Street, Elizabethtown KY 42701 (Tax ID # 46-4281133). I further agree to pay all non-covered expenses in accordance with Brighter Futures Counseling, PLLC's Policies. I agree that a reproduced copy of this authorization is as valid as the original.

Signature of Client or Parent/Guardian

Date

Signature of Witness

Date

I elect to not utilize insurance for my therapy services and have agreed to pay for services out of pocket.

Signature of Client or Parent/Guardian

Date

Signature of Witness

Date