

IME BEHAVIORAL HEALTH, LLC

RELEASE TO FILE INSURANCE CLAIM

IME Behavioral Health, LLC is authorized to apply for benefits on my behalf for covered services rendered to me by same, under my insurance plan. I request payment from my insurance carrier be made directly to IME Behavioral Health, LLC. IME Behavioral Health, LLC is further authorized to release any necessary information, including medical information, to my insurance company in order to determine benefits to which I am entitled.

This Authorization to release information may be revoked in writing.

Guarantor/Financially Liable Party

Date

Printed Name

Signature of Client Receiving Treatment

Date

OR

I do not want a claim to be filed to my insurance carrier.

Guarantor/Financially Liable Party

Date

Signature of Client Receiving Treatment

Date

IMPORTANT:

Lawsuits and other Legal Proceedings: We may use or disclose personal health information when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

If services are contracted by patient's legal counsel, worker's compensation and/or opposing legal entities, all work product is the property of the contracting entity. Our office does not represent the client nor makes any promises as to finding or outcomes. Patient does not have the right to restrict the release of information.

GOVERNMENT INSURANCES – PLEASE READ AND SIGN:

Under section 1862(b)(2) of the social security act, I confirm that these services are not the result of an accident in which another liable insurance may be responsible to pay. I further attest that these charges will not become part of a lawsuit against another liable party.

Guarantor/Financially Liable Party

Date

Printed Name

Signature of Client Receiving Treatment

Date