



Therapeutic Time, Inc.

Release for Billing & Authorization of Benefits

Sarah Barajas, MA, Psychological Associate PSB 94027905

Liliana Chavez Weichold, MA, Psychological Associate PSB 94027514

Dr. Trisha Rich-Thurm, PsyD, Licensed as a Clinical Psychologist PSY 24976,

Marriage & Family Therapist MFC 42603, & National Certified Counselor NCC 264935

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Client Name: _____ **DOB:** _____

By signing this document, I hereby authorize (check one):

- ☐ Trisha Rich-Thurm, Clinical Psychologist PSY 24976
- ☐ Liliana Weichold, MA, Psychological Associate PA# PBS94027514
- ☐ Sarah Barajas, MA, Psychological Associate PA# PSB 94027905

To disclose information and records obtained during my diagnosis and or treatment to:

NAME: Therasoft, LLC on behalf of Dr. Trisha Rich Thurm

Such disclosure shall be limited to the following specific types of information: **Diagnosis, Treatment Dates, and Goals and Progress** (when needed to verify the need for treatment), and information shall be limited to Demographic information, Insurance information, Diagnosis, Treatment dates, and, when necessary, goals and progress towards them to verify the need for services.

Insurance Release & Authorization of Benefits

Therapeutic Time Inc. is a Medicare and Medicaid provider and will file claims on behalf of a variety of primary Insurance providers (both in and out of network), and as the client, you are responsible for knowing your benefits and pay schedule.

Therasoft will authorize payment of Mental/Behavioral Health services to Therapeutic Time Inc./Dr. Trisha Rich-Thurm. Therapeutic Time Inc. will file your claim for you and re-file, if necessary, but will not assume responsibility for collecting your insurance claim or negotiating a settlement on a disputed claim. It is Therapeutic Time Inc.'s policy that all persons filing insurance must pay per session either the allowable amount of your plan until the deductible is met and the respective insurance company begins making payments, or the designated copay amount per session. Therapeutic Time Inc. will then make any necessary account adjustments. If your insurance does NOT PAY your claim, the full fee per service for payment (per the provided fee schedule) will be your responsibility.

A quote of benefits is not a guarantee of payment unless otherwise required by law. All benefits are subject to the terms, conditions, limitations, and exclusions under the member's policy, including the patient's effective status on the actual date of service. Final determination will be made once the claims have been received and processed. By signing this document, you permit the Psychologist or Psychological Associate to share with your insurance company any information they might need to complete the processing of claims submitted on your behalf. You are also authorizing your Insurance company to send all benefits directly to the provider.

All appointment cancellations must be made 24 hours before the time of the appointment. No notice within 24 hours or no attendance of the session can result in a fee equal to your Psychologist's or Psychological Associate's rates in their Fee Scale posted on the website www.drtrishpsyd.com. Clients who make No-Contact and No-Show for 2 scheduled sessions will be terminated from the Psychologist or Psychological Associate caseload and may need to wait on a waitlist before being seen again.

***I understand that any cancellation of this authorization must be in writing.**

****This authorization shall remain valid for a year from this date.**

Your signature below indicates that you have read the information in this document and agree to its terms:

Signature of Client

Date

In the case of treating a minor: **Sign Below**

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date