



You Are Worth It Counseling Services, LLC.
Inspiring Change, Transforming Lives
16701 Melford Blvd. Suite 400 Bowie, MD 20715
Phone: 443-545-1339 Fax: 443-545-3469
Website: www.youareworthitcs.com

CLIENT INFORMATION

First Name: _____ Last Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ Date of Birth: _____ Phone: _____

If minor: Father name, signature, phone. _____

If minor: Mother name, signature, phone _____

Marital Status: _____ Sexual Orientation: _____ Ethnicity: _____

Religion: _____ Race: _____ Preferred Language: _____

INSURANCE INFORMATION

Insurance Company: _____ ID: _____ Group: _____

POLICY HOLDER'S INFORMATION (Leave blank if same as client information)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ Date of Birth: _____ Phone: _____

ADVANCED BENEFICIARY NOTICE

This is to inform you about your decision to receive these services. There is always the possibility that your insurance company may not pay for these services. Insurance companies do not always cover mental health treatments. The fact that your insurance company may not pay for these services does not mean that you should not receive treatment. You must also be aware that by signing for us to bill your insurance company, you understand that auditors from that company have the right to inspect and read your file. All your diagnostic information is submitted to them after each session. Confidentiality is not preserved from the insurance company that is billed. If you do not wish for us to bill your insurance company, you agree that you will be responsible for the full cost of each service. All payments are due at the time of service.

☐ **YES:** I have read the Advanced Beneficiary Notice and agree to let You Are Worth It Counseling Services bill my insurance company for services.

☐ **NO:** I have read the Advanced Beneficiary Notice and do not wish to have my insurance billed. I agree that I will be responsible for payments at time of service.

Client or Guardian Signature

Date

Staff Signature

Date