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### Insurance Agreement

It is your responsibility to verify benefits and eligibility with your insurance provider prior to us meeting. Many insurance providers require prior authorization before covering services, so it is highly recommended that you consult with your insurance provider prior to our first meeting. Also note that by utilizing a third party payer your insurance carrier may be able to request access to your medical records for quality review/audit. At minimum, all insurance companies require me to authorize treatment with an approved mental health diagnosis.

You are ultimately responsible for paying for services at the time services are performed. Your insurance coverage is an agreement between you and your insurance provider. If you are choosing to utilize private insurance to help pay for services, you are responsible for co-pay and any additional fees not covered by your insurance provider. In the event your deductible is not met or your insurance company does not pay for any reason, you will be responsible for paying for sessions in full. My current rate is \$95 per clinical hour.

Insurance companies **do not** reimburse for missed appointments. If you are more than 10 minutes late or fail to attend your scheduled appointment you may be required to pay for the missed appointment up to the full fee of \$95.

Please bring your insurance card with you on our first visit so a photocopy can be made.

Insured Name \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number: \_\_\_\_\_

Member ID Number \_\_\_\_\_ Group \_\_\_\_\_

Company/Sponsor \_\_\_\_\_

Your signature acknowledges agreement with the above policy and gives me permission to contact your insurance provider on your behalf. You understand that your insurance provider will be provided with dates of service, diagnosis, and other information they may request for the purpose of authorizing, billing, or auditing services rendered.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date