

Courtney Burtscher, Psy.D
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CONTACT, BILLING AND TREATMENT CONSENT

Contact Information

Client Name: _____

Parent/Partner Name (if family or couples therapy): _____

Home Address: _____

Can I send mail to your home: yes no

Phone Numbers: cell _____ home _____ work _____

Please indicate with an x for each phone number that I may leave a message on

Email Address: _____

Date of Birth: _____ Sex: __ Marital Status: ___ Social Security Number: _____

Emergency Contact: name _____ Phone: _____

Insurance Information

Insurance Provider Name: _____

Group# _____ ID# _____ Primary Policy Holder's Name: _____

Relationship to you: _____

Home Address: _____

Date of Birth: _____ Sex: __ Social Security Number: _____ Phone: _____

Financial Responsibility

I provide my consent to Courtney Burtscher, Psy.D, that she may bill all rendered services on my behalf to my insurance provider listed above. I understand that I am financially responsible for any services that are not covered by my insurance company. In the event that Dr. Burtscher

is required to engage an attorney to collect any unpaid amounts, I agree to reimburse her for her attorney's fees and any court costs she incurs to collect the outstanding balance.

Information provided to insurance company

I provide my consent to Courtney Burtscher, Psy.D that she may provide information to my insurance company to coordinate payment. This information may include but is not limited to: diagnosis, symptoms, treatment plan, and clinical progress.

Electronic claims

I provide my consent to Courtney Burtscher, Psy.D to file my claims to my insurance company electronically.

Notice of Privacy Practices

I confirm that Courtney Burtscher, Psy.D provided me a copy with a Notice of Privacy Practices for my records.

Treatment consent

I provide my consent for Courtney Burtscher, Psy.D to provide recommendations and treatment to myself and/or my family.

By signing my name below, I agree to and understand the financial and treatment terms listed in this document.

Client Name: _____

Guardian Name/Relationship if client is minor: _____

Client Signature (guardian if client is a minor) _____ Date: _____