

**Insurance Release Form
Tara Murphy, MA, LMFT
6701 Greenwood Ave N
Seattle, WA 98103**

Important Information:

Your insurance policy is a contract between you and your insurance company; therefore you are responsible for payment whether or not your insurance company pays. It is your responsibility to contact your insurance company regarding any required pre-authorizations, obtaining referrals, etc. Failure to do so may reduce the amount of benefits paid by your insurance.

I use a third party biller to submit and process insurance claims and all insurance related billing. Your information will be released to the third party biller for billing purposes only. Billing is done by Katherine Ropp at ARC Billing Solutions.

Agreement:

I certify that I, and/or my dependent(s) have insurance coverage with: _____
And assign directly to Tara Murphy all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

The above named practitioner may use my health care information and may disclose such information to the insurance company for the purpose of obtaining payment for services and determining insurance benefits payable for related services.

Printed Name of Client

Signature of Client, Parent or Guardian

Date