

## Bright Futures Family Counseling



### INSURANCE INFO & CREDIT CARD GUARANTEE FOR PERSONAL BALANCES

#### [ X ] INSURANCE ASSIGNMENT

Our Insurance Assignment Program is designed to keep your out-of-pocket expenses to a minimum. As a courtesy to you, we will bill your health insurance carrier on your behalf and wait up to 90 days for payment. Co-pays can be charged to your credit card. Please provide your credit card information below:

CREDIT CARD:       AMEX     VISA     MC     DISCOVER

CARDHOLDER'S NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ 3-digit PIN \_\_\_\_\_

I agree to the above terms and authorize you to charge copayments to the above credit card.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

### **My Insurance Information is as follows:**

Insurance Company Name: \_\_\_\_\_

Insured Member's Name: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_

Group Number: \_\_\_\_\_