

Cruz Clinic  
17177 N. Laurel Park Drive  
Suite 131  
Livonia, MI 48152

**PATIENT AUTHORIZATION FOR PAYMENT**

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Payment is subject to the terms of your insurance policy and can only be determined at the time the claims are processed. If for any reason your insurance carrier denies your claim, you accept responsibility to pay the entire balance or any remaining balance.

**Verification of eligibility and benefits is the responsibility of you, the patient.**

PATIENT/ GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Since we cannot guarantee the benefits your insurance company has reported to us and due to a variation in insurance coverage, we recommend that you contact your insurance provider, before your next appointment and request information regarding your out-patient mental health insurance coverage benefits.

Please request the following information:

1. Is out-patient mental health a covered benefit?
2. If covered, are there a certain number of visits allotted and or any parameters regarding the duration of therapy allowed?
3. Will therapy charges be applied to my deductible?
4. Are there any co-pays that I will be responsible for?
5. Do I need pre-authorization?

If you still have questions after you have spoken with your insurance provider, please contact us at (734) 462-3210 and ask for the billing department.