

# Authorization to Bill Insurance

## Provider Information

Katherine Miles CD, SBD, CYBE, ISE (New Moon LLC)

Doula

1508394305

NPI #

(316) 992-3901

Phone Number

1736 N. Holland Ln.

Address

Wichita, KS 67212

City, State, Zip

## Client Information

Name

Date of Birth

Address

Phone Number

City, State, Zip

Insurance Company

Policy / Member ID #

I, the undersigned, hereby certify and attest that I have sought care from the provider named above. I therefore authorize New Moon LLC to release my records and information to the insurance company listed above for the purpose of determining and receiving benefits for the care that I receive.

I understand and acknowledge that New Moon LLC will submit claims to the insurance company on my behalf. I further understand that I will be held responsible for any amount of my bills not covered by my insurance policy or claims, and that I will be responsible for paying any/all deductibles, fees, co-payments, and co-insurance payments required.

I understand that I have the right to refuse care, and to refuse or terminate services at any time. I understand that I have the right to discuss all services with my provider. I understand that I have the right to ask about costs before services are provided.

I understand that any portion of my medical bills not covered by insurance will be billed to me at the address I have provided above. Non-compliance or defaulting on payments may result in termination of service.

Client Signature

Date

Please attach a photocopy of your insurance card along with this form.