



DENISE GRETCHEN-DOORLY, PH.D.

DR. DOORLY

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INSURANCE AUTHORIZATION / RELEASE FORM

PATIENT INFORMATION

Patient name: _____ Social Security Number: _____
(or alternate ID Number)

Address: _____

Date of Birth: _____ Marital status: S M W SEP D

INSURED PERSON (IF NOT PATIENT)

Name: _____ Telephone Number: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

INSURANCE INFORMATION

Primary insurance company name: _____

Primary insurance company address: _____

ID Number: _____ Plan: _____ Group: _____

Subscriber's name: _____ Relationship to patient: _____

Subscriber's employer: _____

Type of Insurance (circle one): HMO PPO MC TRADITIONAL

Dr. Denise Gretchen-Doorly is not part of a medical panel or part of an insurance panel; she works as independent consultant. As such, full payment is due to her at the time of treatment. Dr. Gretchen-Doorly will, upon request, provide patients with documentation that can be submitted to their insurance company, which may reimburse the patient for all or part of Dr. Gretchen-Doorly's fees, typically after a deductible has been met. It is the patient's responsibility to understand his or her insurance coverage fully. Dr. Gretchen-Doorly is not responsible for reimbursement decisions made by an insurance company.

Please be aware that should you choose to submit a superbill to your insurance company, you are releasing medical information that is protected by law. This means you are waiving some of your rights to privacy and confidentiality. Your insurance company will have and keep a record of your diagnosis as part of your permanent medical file. These files can be used by insurance companies to set your rates and to allow or disallow further treatment.

I hereby authorize Dr. Denise Gretchen-Doorly to complete a superbill and/or any necessary billing and/or paperwork for services rendered to file with my insurance company. I acknowledge and accept that coverage is not guaranteed. I authorize the release of any health information necessary to process this claim.

Signature

Date