



**Phoenix Family Center, LLC**  
*Community Focused, Community Based*  
474 Summit Street, Elgin, Illinois 60120

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**Phoenix Family Center, LLC**  
**Insurance Agreement**

I hereby authorize Phoenix Family Center, LLC to release to my insurance company or its representative, any and all information requested to include my diagnosis and records of my mental health treatment by Phoenix Family Center, LLC. I also authorize and direct my insurance company to pay directly to Phoenix Family Center, LLC the amount due for services rendered.

I agree to pay for any and all services that are denied by the insurance company as not medically necessary, etc. I also agree to pay for all co-pays and deductibles at the time of service.

I have read and understand the above policy.

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Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_