

**SAMARITAN COUNSELING SERVICES OF THE GULF COAST**  
**FINANCIAL AGREEMENT FORM**

Client Name: \_\_\_\_\_ Client ID#: \_\_\_\_\_

Is Client Using Insurance:  Yes  No

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

Client Co-Pay: \_\_\_\_\_

Insurance Adjustment: \_\_\_\_\_

DSM V/ICD10 Code: \_\_\_\_\_

Is Client Using Church/Other:  Yes  No

Church/Other Name: \_\_\_\_\_

Church/Other Payment: \_\_\_\_\_

Client Responsibility: \_\_\_\_\_

---

Is Client Using CAF:  Yes  No

Client Assistance Fund (CAF): \_\_\_\_\_

Silent Samaritan: \_\_\_\_\_

Keith G. Hirst: \_\_\_\_\_

**ALL SOURCES MUST TOTAL 115/100**

**I authorize the release of information necessary to process insurance claims filed on my behalf. I assign payment of insurance benefits to Samaritan. I know that I am financially and legally responsible for payment of services rendered whether or not my health insurance covers the services rendered.**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_