



**100 Campus Drive, Suite 101
Morganville, NJ 07751
www.britefuturescounseling.com**

Insurance Change Notification Policy

I am responsible to notify Brite Futures Counseling, LLC of any or all changes to my insurance coverage currently on file with Brite Futures Counseling, LLC whether this will result in a change to my copay, out-of-pocket max, deductible or a complete change to the insurance carrier. Regardless of change, I am required to notify Brite Futures Counseling, LLC at 732-617-6210 immediately. If I have advanced notice of this foreseeable change to my policy, I am asked to notify Brite Futures Counseling, LLC, but must notify them again once the change has taken effect.

Ultimately, I am aware that I am fully financially responsible for any services provided to myself or my family member(s) in the event that the insurance is no longer valid or if Brite Futures Counseling, LLC is not a participating provider with my new carrier.

Client Name(s) _____

Print Name _____

Client Signature _____ Date _____
(or legally responsible party for minor)