

Kara Goobic, Psy.D.
Licensed Psychologist

DC License #PSY1001292
Adult ADD Resource Center of Washington
1616 18th Street NW
Suite 206
Washington, DC 20009
(202) 232-3766

MD License #3917
8720 Georgia Avenue
Suite 205
Silver Spring, MD
20910
(301) 495-6393 ext. 6

Carefirst BlueCross Blue Shield PPO Agreement Form

Patient Name: _____

Date of Birth: _____

Address: _____

I, _____, authorize Dr. Kara Goobic to release to Carefirst BCBS all treatment information necessary for insurance claim submission.

If I miss a session without giving 48 hour notice, (unless due to emergency or illness), I understand that I will be charged the full fee for my session.

I understand that Blue Cross Blue Shield will not reimburse for a missed appointment session.

Signature (Person responsible for payment) _____

Date: _____

