

District Three Governmental Cooperative
Virginia Insurance Counseling and Assistance Program (VICAP)
Client Agreement and Release Form

I understand that the Virginia Insurance Counseling and Assistance Program (VICAP) is a State-sponsored, non-profit program for Medicare beneficiaries and persons about to be eligible for Medicare.

Counseling services are intended to help me understand Medicare, Medicare supplemental insurance, long-term care insurance, and other health insurance options in an objective manner that supports my independent decision. I understand that counseling services are provided by certified VICAP Counselors, acting in good faith to provide information about health insurance policies to me, the client.

I understand that this information shall not be construed to be legal advice. Certified VICAP Counselors are neither affiliated with the insurance industry, nor are they financial planners. They do not sell, recommend, or endorse any specific insurance product, agent, insurance company or Health Maintenance Organization (HMO). Counseling is confidential and free of charge. I understand that the VICAP Counselor assumes no responsibility for decisions made or actions taken by me as a result of counseling. I, therefore, hold harmless the Virginia Insurance Counseling and Assistance Program, the Virginia Department for the Aging, the Bureau of Insurance, the Centers for Medicare and Medicaid Services, the Volunteer VICAP Counselor, District Three Governmental Cooperative, and all other supporting agencies and organizations, for any liability arising out of this service provided through the VICAP Program.

Furthermore, to facilitate the processing of my medical insurance claims, I authorize the Virginia Department for the Aging and District Three Governmental Cooperative to receive information as necessary directly from my physician, hospital or other providers of medical services and supplies and from Medicare Part A and Part B contractors and other insurance companies. I also authorize District Three Governmental Cooperative to make inquiries on my behalf with other agencies regarding assistance for which I might be eligible.

Client Signature

Date

VICAP Counselor's Signature

Date