INSURANCE

WILL YOU BE USING INSURANCE? YES NO
DO YOU WANT MY BILLING SERVICE TO FILE CLAIMS FOR YOU? YES NO

If you want us to submit claims, you must call your insurance company to get the information requested below. Be sure to ask about mental health benefits specifically, as mental health benefits are sometimes treated as separate from medical benefits.

If you are coming in through an **EMPLOYEE ASSISTANCE PROGRAM** (EAP), please complete this section. If not, skip down to the section on Insurance.
EAP company: _____
Covered employee: _____ Date of birth: _____
Employer: _____ Authorization #: _____
Number of sessions: _____ Authorization start and end dates: _____

If you are using **HEALTH INSURANCE**, please complete this section.
Insurance company: _____
Insurance company phone: _____
ID number: _____
Effective date: _____Group number: _____
Copay/Coinsurance: _____Deductible: _____
How much of the deductible has been met? _____
Are there annual limits on your mental health benefits? _____
Is an authorization needed? _____ **IF SO, OBTAIN IT NOW!**
Authorization number: _____
Number of sessions: _____ Authorization start and end dates: _____

If someone else in your family is the **INSURED** on the policy, please provide the following information about that person:
Insured's name: _____ SSN: _____
Date of birth: _____ Employer: _____
Your relationship to insured: _____

INSURANCE COMPANY address where MENTAL HEALTH claims should be sent:
_____
_____
_____
Is there other insurance coverage? _____
Is your visit related to a work injury? YES NO If yes, date: _____
An auto accident? YES NO If yes, date: _____