

**The Counseling Center at Davidson United Methodist Church**

**233 S. Main Street / P.O. Box 718**

**Davidson, NC 28036**

**Phone: 704-892-6135**

**Fax: 704-892-5029**

**INSURANCE AUTHORIZATION OF BENEFITS**

Appointment Date: \_\_\_\_\_ Therapist: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary Insurance Company for Mental Health Benefits: (very important-often a different company)**

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

Subscriber Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

Relationship of Subscriber to Client: Self Spouse Parent Guardian Other \_\_\_\_\_

**If applicable, Secondary Insurance Company for Mental Health Benefits:**

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

Subscriber Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

Relationship of Subscriber to Client: Self Spouse Parent Guardian Other \_\_\_\_\_

I authorize payment of medical benefits to The Counseling Center at Davidson United Methodist Church. The Counseling Center will file your claim for you, and refile if necessary, but will not assume responsibility for collecting on your insurance claim or negotiating settlement on a disputed claim. We ask that clients pay per session where their gross family income places them on the adjusted fee scale until the insurance company begins making payments. The Counseling Center will then make any necessary account adjustments. **If your insurance does not pay your claim, it will be your responsibility to pay.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only**

DSM IV number: \_\_\_\_\_

Contact name: \_\_\_\_\_ Date verified: \_\_\_\_\_

Claims Mailing Address: \_\_\_\_\_

Deductible: \_\_\_\_\_ Deductible met? Yes \_\_\_ No \_\_\_

Co-Pay: \_\_\_\_\_ In network? Yes \_\_\_ No \_\_\_

Authorization needed? Yes \_\_\_ No \_\_\_ Authorization number: \_\_\_\_\_

Number of sessions authorized: \_\_\_\_\_ Number of sessions allowed per day: \_\_\_\_\_

Additional CPT Codes: 90808 90846 90847 99361 99362 99372 99373