

# Journey Counseling of Coeur d'Alene

## Authorization for insurance and billing

Date \_\_\_\_\_ Year \_\_\_\_\_

I authorize the release of any medical or other information necessary to process all my insurance claims. This includes diagnosis codes used by my therapist.

Printed Name \_\_\_\_\_

Patient's or authorized person's signature \_\_\_\_\_

I authorize payment of medical benefits to Ashlie and/or Michael Unruh for services described in my insurance claim(s).

Printed Name \_\_\_\_\_

Insured or authorized person's signature \_\_\_\_\_

**Insurance information: please provide a card at time of service as well.**

Name of Insurance \_\_\_\_\_ (please print)

Name of Insured \_\_\_\_\_ (please print)

Relationship to Insured \_\_\_\_\_

Date of birth of Insured \_\_\_\_\_ (Day/Month/Year)

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured employer \_\_\_\_\_ (please print)

Insured plan name \_\_\_\_\_ (please print)

Copay amount \_\_\_\_\_ Deductible \_\_\_\_\_

Here are the names of each of my health care providers. I understand that other health care providers may utilize psychotherapy coding and thus reduce the number of sessions that are available to see a therapist at Journey Counseling:

Name \_\_\_\_\_ Speciality \_\_\_\_\_

Name \_\_\_\_\_ Speciality \_\_\_\_\_

Name \_\_\_\_\_ Speciality \_\_\_\_\_

Name \_\_\_\_\_ Speciality \_\_\_\_\_

