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Insurance Information Intake

You may have Out of Network health insurance benefits that we can bill for you. With this form, your insurance information will be sent to our insurance billing services to determine your benefits. Or, you may contact our insurance billing services provider, Psychotherapist Billing Services, LLC, at 541-343-8122. For a one-time \$15 fee, staff there can contact your insurance company and make an initial inquiry about your insurance benefits so that you can know in advance how much your sessions will cost you.

By choice, we are not "In Network" for any insurance companies.

Name of Insured: _____ Insured Date of Birth: _____

Address of Insured: _____ City, State, Zip: _____

Relationship of Client to Insured: _____ Employer of Insured: _____

Insurance Company: _____ Phone: _____

Insurance Company Address: _____ City, State, Zip: _____

Insurance Identification Number: _____ Group Number: _____

Secondary insurance: _____ Phone: _____

Name of Secondary Insured: _____ Insured Date of Birth: _____

Secondary Company Address: _____ City, State, Zip: _____

Secondary Identification Number: _____ Group Number: _____

PATIENT OR AUTHORIZED PERSON'S SIGNATURE

I authorize the release of any medical or other information necessary to process a claim. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to the provider of services.

Signature

Date

FOR PROVIDER USE ONLY

DSM-5: DIAGNOSIS:

ICD-10 DIAGNOSIS: