INSURANCE INFORMATION

First Name ____________ M.I. ____________ Last Name ____________

Social Security # ______-_____-______ __ Birth Date _____________ Gender: M ☐ F ☐

Address ______________________________

City ______________ State ________ Zip ______________

Home/Cell Phone ______________ Work Phone ______________

Marital Status: Single ☐ Married ☐ Other ☐

Employment Status: Employed ☐ Full-Time Student ☐ Part-Time Student ☐

If there is a specific injury or illness which precipitated coming for counseling: ____________________

Is patient's Condition Related to: Employment ☐ Auto Accident ☐ Other Accident ☐

Work lost due to current condition from _______________ to _______________

Hospitalization due to current condition from _______________ to _______________

Policy Holder Information

Employer Name ______________________________

Ins Co. Name ______________________________ Phone ______________

ID Number Group Number

Client or Authorized Person's Signature: ______________________________

I authorize payment of medical benefits to New Pathways Counseling, PLLC.

Signed ______________________ Date ______________

I authorize the release of any medical or other information necessary to process this claim or any further claims. I also request payment of government benefits either to myself or to the party who accepts assingment below.

Signed Date

To be completed by therapist

Therapist:________________________ Provider Number:_________

Prior authorization number (if required):____________________

Diagnosis: _________________ ___________ ___________

CPT (Procedure) Codes:

FOR OFFICE USE ONLY:

Insurance carrier:

Coverage:

__________ Client Co-Pay

__________ % Client

__________ % Payment

__________ Deductible Met

__________ Remaining

______ # of Sessions _____ # Remaining

Policy Effective and End Date:________________________

Referral: None Needed P.C. Physician

Comments:

____

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Authorization:

Other ______________

Authorization #: ______________

# of Sessions Auth. ______________

Authorization Date From: ______________

Fee Schedule Unavailable

Code	Allowed	% Amt
90791	$	
90834	$	
90847	$	
90837		

Comments:

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