



Insurance Information

IF YOU ELECT TO HAVE YOUR VISITS SUBMITTED TO YOUR INSURANCE COMPANY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of Primary Insurance Company: _____
(Please provide a copy of your insurance ID card)

ID # _____ Group # _____

Authorization # (if available) _____

Name of Insured: _____ Date of Birth: _____

Other family members covered on this policy:

Name: _____ DOB: _____ Rel to Insured: _____

Name: _____ DOB: _____ Rel to Insured: _____

Name: _____ DOB: _____ Rel to Insured: _____

Does your policy require preauthorization for services? Yes _____ No _____

Did you contact your insurance company prior to today's visit? Yes _____ No _____

Do you have other insurance coverage? Yes _____ No _____

(If "yes", please provide a copy of your secondary insurance card.)

RELEASE TO INSURANCE COMPANIES: *I request the payment of authorized benefits be made on my behalf to Tina Stillwell, for any services furnished by her. I further authorize Judy Hunter and her billing service, Hunter Billing Solutions llc, to release to my insurance company and its agents via direct mail, telephone, fax or electronic submission, information about me and my treatment in order to determine the benefits payable for related services. I recognize that insurance benefits are limited, that I am financially responsible for non-covered expenses and that a psychological diagnosis must accompany requests for payable benefits. I also understand that additional information is often requested by insurance companies as claims are processed.*

Date: _____ Signed: _____

Please provide copies of both sides of all insurance ID cards currently in force.