

Insurance Information

Please complete the following if you wish to use your insurance:

Note: Insurance coverage and co-pay/deductible information will be confirmed prior to your appointment. Please provide this information at least 24 hours in advance of your scheduled appointment.

Mentoring and Counseling Center is in-network with Aetna and BCBS only:

Your Insurance provider: _____ Aetna _____ BCBS _____ BS&W

Primary card holder: _____

Your Name: _____

Relationship to the Primary card holder: _____

Your date of birth: _____

ID# of policy: _____

Group # (only if it has 6 digits or less) _____

Phone number on the back of your insurance card (Provider line/Provider service)

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Clients Covered by Insurance: Please sign/date below:

Co-pay is payable at time of each session. Your Therapist will submit bill to the insurance company for the remaining portion of charges due. Your signature authorizes such payments to be sent directly to Teresa Kline, MA, LPC. Your signature also authorizes the release of information necessary to process the claim.

Signed _____ **Date** _____