

See instructions on next page. (Form not for EAP clients).

PRIMARY CLIENT'S NAME (See reverse side.)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
INSURANCE HOLDER'S NAME (if different)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
Relationship of PRIMARY CLIENT to INSURANCE HOLDER <input type="checkbox"/> SELF; <input type="checkbox"/> SPOUSE; <input type="checkbox"/> CHILD		

NAME OF THE INSURANCE COMPANY AND INSURANCE PLAN EXACTLY AS IT APPEAR ON THE CARD (Example: "American Health Insurance, Green Choice Plan, PPO")		
INSURANCE MEMBER ID NUMBER	GROUP OR PLAN NUMBER:	EFFECTIVE DATE:
INSURANCE COMPANY PHONE NUMBER: (See instructions on reverse side.)	CLAIMS ADDRESS ON INSURANCE CARD:	
IF INSURANCE BENEFITS ARE PROVIDED THROUGH AN EMPLOYER, UNION, OR OTHER GROUP, PLEASE GIVE THE NAME OF THAT EMPLOYER, UNION, OR GROUP:		

Please describe what you must pay under your insurance benefits package. Examples: \$15 per session co-pay; or, \$250 annual deductible then 80% co-insurance.	
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If your insurance company has given you any pre-certification or authorization information for your sessions, please write the information here.	
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I authorize payment of benefits from my insurance company to Curt Wennerdahl, LCSW, for services described on benefit claim forms. I authorize Curt Wennerdahl or his agent to contact the above insurance provider and/or employer in order to obtain any other information necessary to file a claim.

SIGNATURE DATE SIGNATURE DATE

REQUEST FOR INSURANCE FILING

Instructions

Important for EAP clients: This insurance form does not need to be completed by clients whose fees will be paid by their employer's "Employee Assistance Program" (EAP) benefits. Each EAP program has their unique forms, and your counselor will provide them to you during the first session.

Only one insurance form needs to be completed: Regardless of how many individuals will be participating in the counseling session, only one insurance form needs to be completed in almost all cases. (Your counselor will discuss any exceptions to that general rule with you.)

However, **all adults** attending that session must sign the single form.

The primary client: Insurance claims *always* are filed in the name of one individual only (even in the case of couples or family counseling), and regardless of how many individuals are participating in the session. The primary client should be either:

- If the insurance sessions were pre-authorized by your health insurance carrier, it should be the individual for whom those sessions were authorized
- If the sessions were not pre-authorized, it should be the primary insurance holder if he/she is participating in the sessions.

Sometimes the primary client and the insurance holder are one in the same. The insurance holder is generally that family member whose employment or union benefits makes the family eligible for insurance coverage.

Insurance Company Telephone number: If there is a telephone number on your insurance card where healthcare providers should call to obtain eligibility information (often found on the back of the card), please give that number. *If there is a specific number for "mental health and substance abuse," give that number.* Otherwise, list any number for the insurance company given on the card.

Photocopies of insurance cards:

If you obtained this form in advance of your first session and have access to a photocopier, a photocopy of your insurance card would be greatly appreciated. Please make certain to copy **both sides** of the card. Enlargements (150%-200%) would be most welcome. Make certain all small numbers on the card are completely readable in the copies.

Otherwise, please have your card ready for your counselor to make a copy during your first session.