

**THE COASTAL SAMARITAN COUNSELING CENTER, INC.**

**INSURANCE INFORMATION FORM**

This form is required for all clients who are covered by insurance, EAP, or managed care benefits.

1. Client's Name: \_\_\_\_\_
2. Name of Insured: \_\_\_\_\_
3. Insured's Employer (if group policy): \_\_\_\_\_
4. Address of Employer: \_\_\_\_\_
5. Employee ID/SSN of Insured: \_\_\_\_\_
6. Relationship of Client to Insured: \_\_\_\_\_
7. Check one of the following:  Insurance     Managed Care     EAP
8. Managed Care/ Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_    Group Number: \_\_\_\_\_
9. Is there another health benefit plan or insurance company providing coverage?  Yes     No  
If Yes, complete the following:  
Name of Insured: \_\_\_\_\_  
Other Insured's Policy or Group Number: \_\_\_\_\_    Other Insured's D.O.B. \_\_\_\_\_  
Other Insured's Employer: \_\_\_\_\_  
Other Insurance Plan Name: \_\_\_\_\_

**RELEASE OF INFORMATION/ASSIGNMENT OF BENEFITS**

I hereby authorize The Coastal Samaritan Counseling Center, Inc. and any member of the clinical staff of the Center to provide a summary of care and assessment information regarding evaluation and/or treatment for the purpose of evaluating and processing claims for benefits. Furthermore, I authorize payment of mental health benefits directly to The Coastal Samaritan Counseling Center, Inc. for services rendered. The Coastal Samaritan Counseling Center, Inc. will file my claim for me and re-file if necessary. I will make all co-payments in accordance with my insurance contract. The Coastal Samaritan Counseling Center, Inc. will not assume responsibility for collecting on my insurance claim or negotiating settlement on a disputed claim. I realize I may be asked to make payments in accordance with the adjusted fee scale if my insurance company delays or refuses to pay claims. The Coastal Samaritan Counseling Center, Inc. will make any necessary adjustments to my account when insurance payments are received. I understand that payment for services rendered is ultimately my responsibility.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Client or Parent/Legal Guardian