Insurance Authorization Form

TO BE COMPLETED BY RESPONSIBLE PARTY/LEGAL GUARDIAN/INSURED

Client Name: ________________________________ Client DOB: ____/____/_____ Client SSN: _______/_____/________

INSURANCE INFORMATION

Primary Insurance Company: ____ Phone #: ____________________

Policy Holder's Name: ____ Policy Holder's DOB: ____/____/_____

Policy Holder's SSN: _______/_____/_________ Relationship to Client: ___________________________________

Policy Holder's Address: ____

Policy Holder's Phone: ___________________________ Policy Holder's email: ____________________________________

Policy Holder's Employer: ____

Group #:____ ID #: ______________________________________

Do you have a FSA or HSA account? _______Yes _____No

Primary Care Physician: ____

Phone: ___________________________________ Fax: ____

Address: ____

PLEASE CONTACT YOUR INSURANCE COMPANY AND COMPLETE THIS BOX BEFORE YOUR FIRST APPOINTMENT

DEDUCTIBLE: _____________ DEDUCTIBLE AMOUNT MET _____________ CO-PAY: ___________ SESSIONS ALLOWED _________

SESSIONS USED TO DATE:____________ CUSTOMER SERVICE REP: ______________________________ REFERENCE #:______________

FINANCIAL RESPONSIBILITY POLICY

It is the policy of Herndon Consulting, LLC DBA BeMeBetter to collect any out of pocket expenses, such as copay, deductible, co-insurance, or cash payments at the time services are rendered. I understand that I am responsible for payment if the Insurance Company decides this is a non-covered service or requires pre-authorization, which I did not obtain. This is not a guarantee of coverage, just a quote of benefits.

Herndon Consulting, LLC DBA BeMeBetter will provide every effort to get the Insurance Company to pay for services directly, however any unpaid charges will be sent to a collection agency. I understand that I am financially responsible for all charges whether or not paid by the above Insurance Company. I certify that I have coverage with the above Insurance Company and assign directly to Herndon Consulting, LLC DBA BeMeBetter, any and all insurance benefits otherwise payable to me for services rendered.

____ ____________________

PARENT/LEGAL GUARDIAN/FINANCIALLY RESPONSIBLE PARTY DATE

3736 Eubank Blvd. NE, Suite B1 Albuquerque, NM 87111
P: 505-293-2281 | F: 888-506-2110
www.bemebetter.com

revised 12/22/2016