SYNERGISM COUNSELING

INSURANCE INFORMATION

As a convenience to you, we can bill your insurance company for the services we provide. You are financially responsible for charges that are not covered under your insurance plan.

All required copayments, coinsurance and deductibles are due at the time of service or when we receive benefit statements or remittance advices from your insurance company.

Providing complete and accurate insurance provider information on your first visit is essential.

If you have questions about your authorizations, coverage, copays, or deductibles, please call you insurance company.

Primary Insurance Company: _____ Policy ID #_____

Group No.: _____Plan Name: _____ Insured's Employer/School _____

Policy Holder's Name: _____Policy Holder's Date of Birth: / /

Policy Holder's Address: _____ City: _____ State: ____ Zip: _____

Secondary Insurance Company: _____ Policy ID #_____

Group No.: _____Plan Name: _____ Insured's Employer/School _____

Policy Holder's Name: _____Policy Holder's Date of Birth: / /

Policy Holder's Address: _____ City: _____ State: ____ Zip: _____

Please bring your insurance card(s) or a copy of the front and back of the card(s) to your first appointment.

Employee Assistance Program (EAP) (if applicable)

Do you have employee assistance program benefits through your employer? ____ Yes _____ No

If yes, what is the name of the EAP provider? _____

Authorized Sessions _____ Authorization Number: _____ Authorization Start Date: / /

Please bring a copy of the EAP Provider's authorization letter to your first appointment. Your EAP Provider can also fax a copy of the authorization to us at 801-446-6511.