

North Gwinnett Counseling Associates, LLC
3455-A Lawrenceville-Suwanee Rd. Suwanee, GA 30024 – 770-932-2899

Client Insurance and Billing Information Form

Client Information

Client Name: _____ DOB: _____

Client Address: _____

City/State/Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Primary Cardholders Insurance Information

(If Different from Client)

Name of Insured: _____ DOB: _____

Insured's Address: _____

City/State/Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Name of Insured's Employer: _____ Work Phone: _____

SSN of Insured: _____ Relationship to Client: Self Spouse Parent Other: _____

Insurance Name: _____ Policy/ID#: _____

Group#: _____ Mental Health/Provider Phone #: _____

Authorization#: _____

(Please call your insurance carrier prior to first appointment to obtain this number if applicable under your policy)

I understand that:

- Insurance companies often require pre-authorization. It is your responsibility to obtain, track and provide the authorization number as well as speaking with your insurance company about any deductible, co-pays, or other benefits. Please provide us with this information and a copy of your insurance card upon your first visit and with any changes.
- I have read and understand the section about "Structure and Cost of Sessions: I understand that my insurance is being filed as a courtesy to me, however, **if a claim is not paid within 60 days or denied, the balance is my responsibility.**
- I have read, received a copy of, and understand my rights under HIPPA. I authorize North Gwinnett Counseling Associates, LLC to provide any information necessary to my insurance company in order to properly bill claims.

Client/Legal Guardian Signature

Date