

Nightingale Counseling Services LLC  
650 Officers Row, Vancouver, WA 98661  
Anne Tucker, LMHC

Insurance Verification and Authorization to Bill

Client Name:

Address

City:

State:

Zip:

Date of birth:

Male

Female

Phone:

Message:  yes or  no

A. Name of Primary Insurance Company:

Policyholder Name (if different than client's name)

Policy Holder Date of Birth:

Insurance phone number for mental health benefits (on back of card):

Insurance identification #:

Group identification #:

B. Name of Secondary Insurance Co, if applicable:

Policyholder Name (if different than client's name)

Date of birth

Insurance phone number for mental health benefits

Insurance identification #:

Group identification #:

Anne Tucker, LMHC of Nightingale Counseling Services LLC has my permission to communicate with and bill my insurance company and to provide necessary information for the purposes of obtaining authorization for services, benefit information, payment, provision of services and coordination of care. Your insurance policy is an agreement between you and the insurer and billing is a courtesy. You agree to be responsible for all fees if your insurance company fails to pay for services or your policy does not cover the services provided.

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Signature

Date

**Billing Office Use Only:**

**Insurance Verification**

Date:

Name of Insurance Rep:

Effective Date of Policy:

Deductible: Applies?  Yes  No Deductible Amount:

Remaining:

Co-pay:

Sessions allowed:

Treatment plan required:  Yes  No After session #

Pre-authorization needed  Yes  No Authorization #