MENTOR
PROFESSIONAL CORPORATION

Confidential Information Required for Insurance or other Third-party Billing

First date of Service, or effective date of this insurance coverage: ______________________________

Client:____ Sex: (M) (F) Date of Birth:__________________________

Mailing address:____

City:__________________________________State:_____ Zip:____________________

Insured: (if other than client)____

Insured's date of birth:______________Insured's Employer: ____

Employer Address: ____City:__________________State: _____ Zip: ___________

Name of Primary Health Insurance Carrier: ____

Ins Co. Address: ______________________________________City: ____________________ State: _____ Zip:___________

Insurance Group Number: ___________________________ Insurance Individual Number: ________________________

Insurance contact phone: ________________________________

Requirements or limitations on this coverage: (i.e. pre-approval, limit on number of sessions, reporting requirements, etc.) Please discuss these details with your therapist so that your own and your insurance company's expectations are clear.

____

____

Secondary Insured: ____ Date of Birth _________________________

2nd Insured's Employer: ____

Employer Address: ____City:________________State: _____ Zip: ___________

Name of Secondary Health Insurance Co. : ____

2nd Ins Co. Address:___________________________________City: ____________________ State: _____ Zip:___________

2nd Insurance Group Number: _________________________ Insurance Individual Number: ________________________

2nd Insurance contact phone: ________________________________

Requirements or limitations on this coverage: (i.e. pre-approval, limit on number of sessions, reporting requirements, etc.) Please discuss these details with your therapist so that your own and your insurance company's expectations are clear.

____

____

A signed Consent for third party billing form is also required. We offer the service of billing your insurance company. However, the responsibility for payment of this account remains with you.

Treating Professional: Michaele P. Dunlap, Psy.D. ***Diagnosis coding:***__________________

Mentor Professional Corporation 818 NW 17th Avenue, Portland, OR 97209