



Insurance Authorization of Benefits

Methodist Counseling & Consultation Services is NOT a Medicaid or Medicare provider.

Date: _____ Provider: _____

Patient Name: _____
(First, Middle Initial, Last)

Phone Number _____ Date of Birth _____

Insurance Company for MENTAL/BEHAVIORAL HEALTH BENEFITS:

Name of Insurance Company: _____

Address: _____

Phone Number: _____ Primary _____ Secondary _____

Subscriber Name (if not the same as above) _____

Date of Birth _____ Effective Date _____

Subscriber ID# _____ Group Number _____

Please attach a copy of insurance card (front & back)

I authorize payment of medical benefits to METHODIST COUNSELING & CONSULTATION SERVICES (MCCS). MCCS will file your claim for you, and re-file if necessary, but will not assume responsibility for collecting on your insurance claim or negotiating settlement on a disputed claim. It is MCCS policy that all persons filing insurance must pay per session either the allowable amount of your plan until the deductible is met and the respective insurance company begins making payments, or the designated copay amount per session. MCCS will then make any necessary account adjustments. If your insurance does NOT PAY your claim, payment will be your responsibility.

SIGNED _____ Date _____