



SANCTUARY COUNSELING GROUP

1801 East Fifth Street Suite 110  
Charlotte, NC 28204-2472  
704.375.5354 / 704.375.3069 fax  
sanctuarycounselinggroup.org

**INSURANCE AUTHORIZATION OF BENEFITS**

**Sanctuary Counseling Group is NOT a Medicare or Medicaid provider and will file ONLY primary Insurance provider claims.**

Date \_\_\_\_\_ SCG Provider \_\_\_\_\_

Patient Name \_\_\_\_\_  
(as appears on insurance card)

Phone number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance Company for Mental/Behavioral Health Benefits:

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Effective Date \_\_\_\_\_

Subscriber Name (if different from above) \_\_\_\_\_

Relation to Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Subscriber ID# \_\_\_\_\_ Group number \_\_\_\_\_

**Please attach a copy of your insurance card (front and back)**

**I authorize payment of medical benefits to Sanctuary Counseling Group (SCG). SCG will file you 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 SCG 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. SCG will then make any necessary account adjustments. If your insurance does NOT PAY your claim, full fee payment will be your responsibility.**

Signed \_\_\_\_\_ Date \_\_\_\_\_