

BILLING AUTHORIZATION
(for clients using insurance or EAP benefits)

I, _____, hereby authorize Lynne Coon, L.P.C., to bill my insurance company or employee assistance program.

_____ Date: _____
Client's (Guardian's) Signature

NOTE: If you're not the primary insured, please be sure to include the full name of the person who is and their relationship to you. In order to bill insurance I also need their home address and date of birth.

Primary Insurance Information:

Your Relationship to Insured: _____

Name: _____

Address: _____

City, State, Zip _____

Birth Date: _____ **SSN:** _____

Phone(s): _____ (H) _____ (W) _____ (C)

Employer Name: _____

Individual ID Number: _____

Policy or Group Number: _____

Insurance Plan Name or Program Name: _____

NOTE: If your partner has insurance or both your parents have insurance, I'll need information on the secondary insurer as well. The insurance company chooses how much they'll pay and often already knows if there's a secondary insurer.

Secondary Insurance Information:

Your Relationship to Insured: _____

Name: _____

Address: _____

City, State, Zip _____

Birth Date: _____ **SSN:** _____

Phone(s): _____ (H) _____ (W) _____ (C)

Employer Name: _____

Individual ID Number: _____

Policy or Group Number: _____

Insurance Plan Name or Program Name: _____