

Summit Counseling Center

6400 Lee Highway, Suite 106
Chattanooga, TN 37421

423-855-0402
423-648-9369, fax

Insurance Information

(For patients with **BCBS, United HealthCare or TennCare only**- if you have an insurance other than one of these, please call the number on your card to see if you have out of network benefits for behavioral health)

***IMPORTANT: If you have Medicare please stop now and let one of our office staff members know
(WE ARE NOT ALLOWED TO FILE MEDICARE)**

Name of Patient _____ Date of Birth _____ SS _____

Name of Insured _____ Date of Birth _____

Name of Insurance Company _____

Address of Insurance Company _____

Insurance Co. Phone # _____ Policy or ID # _____ Group # _____

Do not write below this line - for Office Use Only

Eligibility Effective Date _____ Deductible Amount _____ Met? _____

Co-Pay Amount _____ Benefits _____

Prior Authorization Required? _____ Terms _____ Number for Pre Auth _____

Additional notes/ comments/ exclusions _____

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Insurance Assignment Agreement

I authorize the release of any medical or other information necessary to process claims from this office. I also request payment of government benefits either to myself or to the party who accepts assignment. In addition, I authorize payment of behavioral/mental health benefits to the **Summit Counseling Center.**

I further agree to pay any portion of the charges not covered by my Insurance Company (such as full payment until my deductible is met, co-pays, uncovered charges, etc.)

Signature: _____ **Date** _____
(Insured)