

BILLING INFORMATION

A Better Way Counseling Center
818 NW 17th Ave. • Portland, OR 97209 • TEL: 503-226-9061
811 NW 20th Ave., Suite 103C • Portland, OR 97209 • TEL: 503-248-0011 • FAX: 503-248-0019
www.abwcounseling.com

Toni Bellinger, MA

Client Information

Client Name: _____ Date of Intake: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

SSN: _____ D.O.B.: _____ Sex: _____

Insurance Information

Name of Insured: _____

Relationship to Insured: _____

SSN: _____ D.O.B.: _____ Sex: _____

Employer Name: _____

Insurance Company: _____ Insurance Phone: _____

ID Number: _____ Group Number: _____ Policy Number: _____

Billing Address: _____

Insurance authorization to release information and assignment of benefits: I hereby authorize Toni Bellinger, A Better Way Counseling Center, and Mental Health Billing & Collections to:

1. furnish my insurance company with any information requested concerning my present claim/s.
2. bill my insurance company and to accept payment due from that company on my behalf.

Client Signature: _____ Date: _____

Print Name: _____

If you have any questions regarding fees or payment policies, please call our bookkeeper and billing agent at Mental Health Billing & Collections at 503-591-8322 or fax 503-848-6101.

<p>Office Use Only</p> <p>DSM: _____</p> <p>Current Medications: _____</p>
