

ASHEVILLE CONSULTATION.COM

INSURANCE REGISTRATION FORM

We will be happy to assist you in receiving reimbursement from an insurance company and will file any necessary forms. However, you are responsible for any amounts not paid by insurance (including deductibles or rejected claims). If you would like Asheville Consultation to file claims with your insurance company, please provide the following information and authorizations.

Patient's name _____ Date of birth _____ Age _____ Sex _____

Address _____

Home phone _____ Work phone _____

Social security number _____ Employer _____

If the person insured is not the patient, please complete the following information:

Insured's name _____

Address (if different from above) _____

Phone (if different from above) _____

Date of birth _____ Sex _____ Employer _____

Name of insurance company _____

Phone _____

Address _____

Identification number _____

Group policy number _____

I also authorize payment to be made to Bill Frost, MA, LPC or Anna Frost, MA, LPC at Asheville Consultation.Com.

Signed _____ Date _____