

♦ *Print form - fill in information - sign - bring to first appointment*

RENOVO CHRISTIAN COUNSELING –828.446.4341 – renovoforlife.com  
Piedmont Center, Suite 122 – 1375 Lenoir Rhyne Blvd – Hickory, NC 28602

## Insurance Information and Authorization

Date: \_\_\_\_\_

### Name of Client:

First: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Insurance Company for Mental Health Benefits

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

Address of Insurance Company: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_

Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Subscriber ID# \_\_\_\_\_

Group ID# \_\_\_\_\_

Effective Date \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize Renovo Christian Counseling to release any information acquired in the course of treatment for insurance purposes only.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### AUTHORIZATION TO PAY BENEFITS TO RENOVO CHRISTIAN COUNSELING:

I hereby authorize all benefits to be paid to Renovo Christian Counseling (Michael V. Nichols, LMFT) for services tendered, but not to exceed the reasonable and customary charge for these services.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_