Stepping Stone Counseling LLC
inside The St. Louis Wellness Center
Sarah Strohmayer, MA, LPC, NCC
Licensed Professional Counselor

Insurance Information Form

It is important that you thoroughly complete this form and provide a copy of both sides of your insurance card(s). Thank you.

CLIENT INFORMATION

Name:		Birth Date:
Address:		
City:	State:	Zip:
Home Phone:		Mobile Phone:
Relationship to Subscriber:		

INSURED INFORMATION

Insurance Company:		
Who is the Insured:		Birth Date:
Address:		
City:	State:	Zip:
Home Phone:		
Member #:		Group #:
Customer Service Phone:		Mental Health Phone:

I authorize the release of any medical or other information necessary to process an insurance claim. I understand that Stepping Stone Counseling LLC will diligently attempt to get accurate information regarding my mental health insurance benefits. I will not hold Stepping Stone Counseling LLC liable for insurance nonpayment due to misquoted benefits. I acknowledge I am responsible to know and understand my benefits plan. Stepping Stone Counseling LLC or a biller will file my insurance claims for me as a courtesy. I am ultimately responsible for all charges my insurance company does not pay, except for contracted network provider discounts that may apply. I also request assigned benefits be paid to Stepping Stone Counseling LLC and/or the provider indicated above.

Signature of Client and/or Insured: _____

Date: _____