



Marise Rowell, LCPC, NCC
 4055 Valley Commons Drive, Suite H
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 406-219-5600
 www.ExperiencingChange.com

Insurance Information and Authorization

Please call your insurance company to review your benefits for outpatient behavioral or mental health

Client Name:		DOB:	Gender:	Marital Status:
Policy Holder Name:		DOB:	Gender:	Marital Status:
Client Address:				
Policy Holder Address:				Phone:
Primary Insurance Company:				
ID #:	Group #:	Phone # for Mental Health:		
Deductible: \$	Deductible met: \$	Co-pay: \$	# of sessions allowed/yr.:	
# of sessions authorized:		Date authorizations start:		
Secondary Insurance:				
ID, Group or Policy #:		Phone # for Mental Health:		
Co-pay: \$		# of sessions allowed/yr.:		
If I am not credentialed in their network, will they provide out-of-network benefits, and if so, how?				
Name of person responsible for payment:				
Address:				
Phone:		Email:		
Relationship to Client:				

Please bring a copy of the front and back of your insurance card, or bring it with you to make a copy.

Please initial:

___ I hereby acknowledge I give Marise Rowell, LCPC or Experiencing Change, LLC permission to bill my insurance company.

___ I understand I am responsible for payment should my insurance company declare my treatment is not medically necessary, refuses to authorize treatment, and/or is not covered under your policy.

___ I understand I am responsible to pay my co-payment at the beginning of each session with cash or check, or by allowing Marise Rowell, LCPC to charge a credit card after session via a signed credit card authorization form.

___ If I do not use my current insurance now but choose to use it in the future, I will not ask Marise Rowell, LCPC to submit for sessions already received, and for which a balance has been paid or is currently due.

___ I understand if I have any questions regarding the use of my insurance, I can contact Marise Rowell, LCPC at 406-219-5600 and/or at Marise@ExperiencingChange.com.

Signature of Client

Date

If a Minor, Signature of Parent, Guardian or Personal Representative

Date

Relationship to Minor

If not a Minor, Signature of Person Responsible for Payment

Date

Relationship to Client