



Billing Information

Counseling & Psychotherapy
22018 South Central Point Road, Canby, OR 97013

Phone: 503.221.4531 • Fax: 503.263.6278
info@alliancecounselingcenter.org

Provider Name: _____ Date: _____

Client Information

Client Name: _____ Date of Intake: _____

Address: _____

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

D.O.B.: _____ Sex: _____

Insurance Information

Name of Insured: _____ Relationship to Insured: _____

D.O.B.: _____ Sex: _____

Employer Name: _____

Insurance Company: _____ Insurance Phone: _____

ID Number: _____ Group Number: _____ Authorization Number: _____

Billing Address: _____

Copy of Insurance Card Copy of Photo I.D.

Insurance authorization to release information and assignment of benefits: I hereby Authorize Alliance Counseling Center, Inc, and Denise Beard 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 questions regarding fees or payment policies, please call our bookkeeper and billing agent, Denise Beard at: (503) 422-1732 or fax to: (360) 892-5914.

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