



EDDIE P. MILLHOLLON, PH.D., LPC-S  
CALEDONIA FAMILY COUNSELING LLC

Dear Potential Client,

I look forward to seeing you and I will gladly file your sessions with your insurance company. However, I do not verify coverage or call to get the information concerning your coverage for you. You must call the phone number(s) on your health insurance card to get the following information PRIOR to your first session. Without ALL questions on this form answered by your Insurance Company, you will be responsible for the full session fee. When you call, ask for a referencenumber regarding your phone call. Ref. # \_\_\_\_\_

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

Insured's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Insured's ID number: \_\_\_\_\_ Group Numbers: \_\_\_\_\_

Insured DOB: \_\_\_\_\_ Plan Name: \_\_\_\_\_

Employer/School (Indicated on Insurance Card)? \_\_\_\_\_

Do I have outpatient mental health benefits? No \_\_\_ Yes \_\_\_

Is Eddie P. Millhollon, Ph.D., LPC-S (Caledonia Family Counseling LLC) on my provider list? No \_\_\_ Yes \_\_\_

If no, do I have any "out of network" benefits? No \_\_\_ Yes \_\_\_

Do I have a deductible to meet prior to mental health benefit coverage? No \_\_\_ Yes \_\_\_

What is the amount of my deductible? \$ \_\_\_\_\_

How much of that deductible have I met? \$ \_\_\_\_\_

Do I have a co-payment for mental health benefits? No \_\_\_ Yes \_\_\_

If so, what is my co-payment amount per session? \$ How many sessions  
are allowed per calendar year? \_\_\_\_\_

Is prior authorization needed for counseling? No \_\_\_ Yes \_\_\_

If so, authorization number: \_\_\_\_\_