



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 reference number 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: _____