Christine Hall PsyD

1015 Bee Cave Woods Drive
Suite 300E
Austin Texas 78746
512-944-6674

Please provide the following information if you plan to use insurance

Client Name_____

Client Address_____

Client Phone Number_____

Client Date of Birth _____ Client SSN: _____

Policy Holder's Identification #: _____ Group #: _____

Policy Holder's Relationship to Client_____

If different from client information, please complete the following:

Policy Holder's Name_____

Policy Holder's Date of Birth_____ Policy Holder's SSN:_____

Policy Holder's Address_____

Policy Holder's Phone Number_____

Everyone must complete the following:

I authorize the release of any clinical or other information necessary to process my insurance claim.
YES / NO (circle one)

I authorize payment of insurance benefits to the provider, Christine Hall Psy.D.
YES / NO (circle one)

I understand that I am responsible for all charges incurred regardless of the payment processing decisions that my insurance company renders, and I agree to pay all charges not covered by my insurance company. I also understand that should the insurance company deny payment that it is my responsibility to appeal their decision.
YES/NO (circle one)

Name of Mental Health Insurance company, billing address, and phone number

_____

_____

Preauthorization or certification number (if required) _____

Insured or Client's Signature _____ Date_____