

Constance L. Cromartie, LPC, NCC
 700 Old Roswell Lakes Parkway*Suite 230*Roswell, GA*30076
 Telephone: 678-995-4442 Fax: 678-878-3500

Today's Date: _____

Insurance Information / EAP Information (Please Print)

Name of Patient: _____, <i>Last, First, Middle</i>	Date of Birth: _____ <i>mm/dd/yyyy</i>
Address of Patient: _____ <i>Street number and name</i> _____ <i>City, State, Zip Code</i>	Telephone no. _____ <i>(area code)</i> _____-_____ <i>xxx-xxxx</i>
Email: _____	Gender: M F <i>(circle one)</i>

Please provide information of insurance **member** below:

Name of Insurance Member: _____, <i>Last, First, Middle</i>	Date of Birth: _____ <i>mm/dd/yyyy</i>
Address of Insurance Member: _____ <i>Street number and name</i> _____ <i>City, State, Zip Code</i>	Telephone no. _____ <i>(area code)</i> _____-_____ <i>xxx-xxxx</i>
Email: _____	Gender: M F <i>(circle one)</i>
Co-Pay amount: _____ Co-Insurance amount: _____ Does fee apply to Deductible? _____ Has Deductible been met? _____	

Please provide Insurance Type below:

Insurance or EAP Provider Name: <i>(Please indicate whether insurance or EAP)</i> _____		
Coverage Type: _____		
Member ID no. or EAP no.: _____		
Group no.: _____		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Date Issued: (mm/dd/yyyy) _____ </td> <td style="width: 50%; border: none;"> Date of Renewal: (mm/dd/yyyy) _____ </td> </tr> </table>	Date Issued: (mm/dd/yyyy) _____	Date of Renewal: (mm/dd/yyyy) _____
Date Issued: (mm/dd/yyyy) _____	Date of Renewal: (mm/dd/yyyy) _____	

I authorize Constance L. Cromartie, LPC to submit Insurance claims on my behalf to receive payment for services rendered. I understand that I am responsible for any portion of fees that is not covered by my insurance provider (co-pays, etc.), and that payment is due on date of service.

Signature of Member/Cardholder: _____

*If Pre-Authorization is required, please obtain prior to receiving counseling services.

Pre-Authorization #: _____ Dates of Authorization: _____ to _____