

Mental Health Counseling Insurance Reimbursement Form

Client Information

Full Name

Date of Birth

Phone Number

Address

Insurance Information

Insurance Company

Policy Number

Group Number

Subscriber Name

Subscriber Date of Birth

Provider Information

Provider Name

Provider NPI

Provider Phone

Provider Address

Session Information

Date of Service

CPT Code

Diagnosis Code

Session Fee

Amount Paid by Client

Session Notes

Signature

Signature

Date

