

Dipoto Counseling Group

LESLIE CUNNINGHAM LPC
NICOLE R FLYNN MA LPC NCC
JENNIFER D NEWCOMER MSW LCSW LSCSW
ROBERT F PAULY MA MDIV MSW
T. MICHAEL HENDERSON LPC
(816) 268-8501
(816)-452-5700

MARC C DIPOTO MA LPC
CATHY LANDREGAN MSW LCSW
JAMIE MASON MA LPC CEAP SAP
RACHELLE M SERRONE MS LPC

200 NE 54TH STREET
SUITE 202
KANSAS CITY MO 64118

Patient Name: _____

Circle the appropriate third party payer:

EAP

Insurance

Tricounty

Other

Primary Insured's Information:

Name: _____ Relation to client: _____

Date of Birth: _____ Social Security # _____

Insurance Company: _____ Telephone #: _____

Policy # _____ Group # _____

Address for Claims: _____

Employer: _____ Effective Date: _____

Is there another Insurance Provider? Yes No *If so, please list additional insurance information:*

Insurance Provider: _____ Primary Insured's Name: _____

Policy #: _____ Group #: _____

Authorization for release of information for billing purposes:

I hereby authorize the release of any information necessary for third-party claim submission and/or payment for services. I authorize payment of third-party benefits to *Dipoto Counseling Group* for services described herein. ***I understand that I am responsible to pay for all sessions, including No Show appointments. A No Show appointment is a cancellation with less than 24 hours notice. Most insurance providers will not pay for No Show appointments; therefore it is the sole responsibility of the insured to pay for No Show appointments.***

Signature

Date

Print Your Full Name

Date of Birth