



LMVCOUNSELING

Lauren Moser Vilar | MSW, LCSW, LCAS

Insurance Worksheet

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Please print and bring with you to your first appointment.

Primary Insurance Information

Insurance company name: _____

Name of subscriber: _____

Subscriber ID# _____ Grp# _____

Subscriber DOB: _____ Client DOB: _____

Home phone number: _____

Is preauthorization needed? Y N Preauthorization #: _____

Dates of preauthorization: From _____ To _____

How many sessions are allowed per year? _____

How many have been used so far? _____

Is there a deductible? Y N

How much of the deductible has been met? _____

Is there a copay? Y N How much is the copay? _____

Is there a coinsurance? Y N What is the client percentage? _____

Is there a waiting period with any exclusion criteria? Y N

If so, provide details: _____

Relationship to client: Parent Spouse Other

Secondary Insurance Information

Insurance company name: _____

Name of subscriber: _____

Subscriber ID# _____ Grp# _____

Subscriber DOB: _____ Client DOB: _____

Home phone number: _____

Health Care insurance is a contract between you and your insurance company. It is the client's responsibility to know the policies and see that I get the proper referrals prior to the visit. All copayment amounts are due at the time of service. You are responsible for deductibles and any applicable expenses your insurance does not cover.

By signing this agreement, you are giving consent for Lauren Moser Vilar, MSW, LCSW, LCAS to provide psychological services to yourself or your dependent and allowing this office to release any mental health information necessary to process your claims and to also authorize payment of psychological services to Lauren Moser Vilar, MSW, LCSW, LCAS for services rendered.

Signature: _____ Date: _____