



F. Michael Montgomery, LCSW, LMFT

1014 Hopper Avenue #436 • Santa Rosa, California 95403-1613 • (707) 578-9385

E-mail: fmm@inner-healing.com • Web: www.inner-healing.com • Fax: (707) 578-9271

Therapy for the heart, mind, body and spirit in a safe and healing setting

Insurance Information and Authorization

Insurance Company Information

Name of Insurance: _____ Subscriber's Name: _____
 Subscriber's Social Security #: _____ Relationship to Client: _____
 Subscriber's Date of Birth: _____ Subscriber's Insurance I. D. #: _____
 Subscriber's Group #: _____ Name of Subscriber's Employer: _____
 Your Social Security #: _____ What is the authorization #: _____
 How many sessions have been authorized? _____ What is your co-pay? _____

Authorization To Release Information

I authorize the mutual release of any information necessary to process my insurance claim between my insurance company and F. Michael Montgomery. A copy or fax of this authorization is as valid as the original.

Signature

Date

Signature

Date

Authorization Of Insurance Benefits

I authorize the payment of insurance benefits for services rendered during the course of treatment to be paid directly to F. Michael Montgomery. A copy or fax of this authorization is as valid as the original.

Signature

Date

Signature

Date