

Cardona Counseling Services, LLC

4500 9th Avenue NE, Suite 300, Seattle, WA 98105 • (206) 276-2116 • fax (206) 829-2411 • email: walter@cardona.com



INSURANCE FORM

Cardona Counseling Services conducts an initial verification of your insurance benefits as a courtesy to you. It is your responsibility to monitor your benefits. It is not a guarantee of benefits and/or of payment. All claims must be received and reviewed before a determination can be assessed by your insurance. Any treatments or diagnosis not accepted/covered by your insurance company are your responsibility.

In-network provider for CIGNA, REGENCE, PREMIERA, FIRST CHOICE, and TRIWEST.

Client Information		
Client Last Name:	Client First Name & Middle Initial:	Date of Birth

Client Address & Phone Associated with Insurance		
Street Address		
City	State	Zip Code
Phone Number:		

Insurance Company: TriWest		
Subscriber Identification Number:	Auth Number:	Group Number

*office use only	
Principal Diagnosis Code (ICD 10 Code):	Procedure Code:

BY SIGNING THIS FORM, I authorize CARDONA COUNSELING to communicate with my insurance provider to collect payment for services.

Signature	Date
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