



The Northwest Catholic Counseling Center

**Only fill out this form if you are using insurance. NCC does not accept Medicaid or Medicare*

**Please include a copy of the front & back of your insurance card.*

Assignment of Medical Benefits

Client Name: _____

Date of Birth: _____

Primary Insurance Co: _____

Policyholder Name: _____

Date of Birth: _____

Member ID#: _____

Group #: _____

Insurance phone number for eligibility/benefits: _____

I authorize payment of medical benefits to The Northwest Catholic Counseling Center for any services rendered to me or my dependents while a client at the Center. This assignment will remain in effect until revoked by me in writing. I hereby authorize The Northwest Catholic Counseling Center to release all information necessary to secure the payment of my benefits.

Signature of client or their representative

Date