

Middletown Counseling Services

401 North Broad Street
Middletown, DE 19709
302-376-0621
Fax : 302-376-6219

Authorization Form

Tax ID: 01-0814087

Client's Name: _____

Current Client?: _____ If so, Therapist name: _____

Client's Birth Date: _____

Client's SS #: _____

Member ID #: _____

1. Is pre-certification required?: _____
 2. Number of yearly visits: _____
 3. Name of person I spoke with: _____
 4. Deductible: _____ Paid so far this year: _____
 5. Effective date of policy: _____
 6. Any restrictions as to whether the treating person be an LCSW, LPCMH, of Ph.D? _____
-
7. Co-Pay: _____

Claims Address: _____

Authorization #: _____

Effective From: _____ To: _____