



Balance - IN FOCUS, LLC

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Diagnosis: _____

THE FOLLOWING IS WHAT IS NEEDED FOR BILLING CURRENT AND NON CURRENT PATIENTS:

Patient Name: _____

Address: _____

DOB: _____ SS#: _____

NAME OF INSURANCE COMPANY: _____

SUBSCRIBER: _____

ID OR MEMBER #: _____

GROUP #: _____ Authorization #: _____

I need this filled out for each new patient that you want billed. Fax or email to me.

OR

You can have the patient contact me at #714-894-6850 (phone) and give me their information before they see you. They can also fax (815) 717-7625 a copy of the front and back of their insurance card to me with their DOB on it as well as their address and phone #. I will verify and get the benefits to you before you see them.