



Billing Information

Counseling & Psychotherapy
818 NW 17th Avenue, Portland, Oregon 97209
Phone: 503-221-4531 • Fax: 503-263-6278
www.AllianceCounselingCenter.org

Client Information

Client Name: _____ Date of Intake: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

SSN: _____ D.O.B.: _____ Sex: _____

Insurance Information

Relationship to Insured: _____

SSN: _____ D.O.B.: _____ Sex: _____

Employer Name: _____

Insurance Company: _____ Insurance Phone: _____

ID Number: _____ Group Number: _____ Policy Number: _____

Billing Address: _____

Insurance authorization to release information and assignment of benefits: I hereby Authorize Alliance Counseling Center, Inc, and Denise Beard to:

1. furnish my insurance company with any information requested concerning my present claim/s.
2. bill my insurance company and to accept payment due from that company on my behalf.

Client Signature: _____ Date: _____

Print Name: _____

If you have questions regarding fees or payment policies, please call our bookkeeper and billing agent, Denise Beard at: (503) 422-1732 or fax to: (360) 892-5914.

Office Use Only

DSM: _____

Current Medications: _____