

Pathway Ministries

Federal Tax ID Number 59-3569407

NPI#: 1053561696 company

NPI# 1568863165 personal

INSURANCE BILLING FORM

INSURANCE PROVIDER: _____

MEMBER NUMBER: _____ **GROUP:** _____

AUTHORIZATION NUMBER: _____

EAP: YES ___ **NO** ___

CLIENT NAME: _____

CLIENT ADDRESS: _____

CITY: _____ **ZIP:** _____

CLIENT DATE OF BIRTH: _____

INFORMATION ON PRIMARY INSURED IF OTHER THAN THE CLIENT

PRIMARY INSURED:

NAME: _____

SAME ADDRESS AS CLIENT: YES ___ **NO** ___

CLIENT ADDRESS: _____

CITY: _____ **ZIP:** _____

DATE OF BIRTH: _____

BY SIGNING BELOW, I AM AUTHORIZING PATHWAY MINISTRIES, (PCM) TO BILL AND COLLECT FROM MY INSURANCE PROVIDER FOR SERVICES RENDERED.

SIGNATURE: _____

DATE: _____