

Kismet Counseling LLC

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Insurance Eligibility Form

Please complete the following information regarding your insurance coverage. Please directly send completed copy to my billing representative via email: **SK Billing, # 844-380-4836 office, skmbilling@yahoo.com**

Please complete the information below:

Today's date: _____

Name of insurance _____

Primary insurance holder name _____

Name of member seeking counseling services _____

Member ID # _____

Date of Birth of both primary holder and person seeking services _____

Address _____

Phone# _____

City, State, Zip _____

Email _____

*****The following is for office use only (you do not need to complete) *****

CPT code requesting _____

Diagnosis code _____