

**LAMPEIN CONSULTING GROUP, INC.**  
2400 Park Avenue South, Suite 234, Minneapolis, MN 55424  
Phone: 612.388.9525 Fax: 1.612.486.8726  
Website: www.lampein.com

# INSURANCE PRE-AUTHORIZATION FORM

Therapist: Josef Kevin Hardwick, MDIV, MS, LMFT  
Appointment Date: \_\_\_\_\_  
Date of Call: \_\_\_\_\_

Client Name: \_\_\_\_\_  
D.O.B of Client \_\_\_\_\_  
Person calling: \_\_\_\_\_  
Participant phone number: \_\_\_\_\_

Message O.K.  Yes  No

Type of Service Requesting: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_  
Member/ID Number: \_\_\_\_\_  
Group/Account Number: \_\_\_\_\_  
Primary Card Holder Name: \_\_\_\_\_ D.O.B./Primary: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_  
Member/ID Number: \_\_\_\_\_  
Group/Account Number: \_\_\_\_\_  
Primary Card Holder Name: \_\_\_\_\_ D.O.B./Primary: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_

## INSURANCE BENEFIT INFORMATION

In-Network  
 Out of Network

Deductible: \_\_\_\_\_  
Co-Pay: \_\_\_\_\_  
Co-Insurance: \_\_\_\_\_  
Visit/Hour limit: \_\_\_\_\_

Authorization needed:  Yes  No

Notes: \_\_\_\_\_  
\_\_\_\_\_