

INSURANCE BENEFITS VERIFICATION
Cornerstone Recovery Inc.
1901 Morse St., Houston, TX 77019
(713) 528-6720, fax: (713) 520-6720
phyllis@cornerstonerecovery.org

Complete all information and include a copy of the front & back of your Insurance card

Client

Name: _____ D.O.B _____

Social Security #: _____

Address: _____

City, State, Zip: _____

Please check the appropriate space – Out Patient Group _____ Individual Sessions _____

Insurance Carrier

Name of Company: _____

Contact number for mental health/ substance abuse: _____

Policy Holder _____ Policy Holder DOB _____

Policy Holder address (if different): _____

City, State, Zip (if different): _____

Policy holder SSN: _____

Employer: _____

Group #: _____ Member I.D #: _____

Responsible Party for Co-payment

Name: _____

Address: _____

City, State, Zip: _____

Email address: _____

(h) _____ (w) _____ (c) _____

INSURANCE BENEFITS VERIFICATION

Cornerstone Recovery Inc
6621 Main St., Houston, TX 77030
(713) 528-6720, fax: (713) 520-6720
phyllis@cornerstonerecovery.org

Office use only

Benefits

Deductible:

Co-Pay:

Co-Insurance:

Maximum Sessions Per Cal Year:

Claims Address:

Other Info:

Client Status:

Date Verified:

Verified By: