Montana City Counseling

Michael A Emerson, Ph.D.

Canyon Enterprise Plaza ~ Suite 202 ~ 11 Friendship Ln ~ Montana City, Montana 59634
Phone 406-495-0956 ~ Fax 406-442-8090 ~ Email drmichaele@gmail.com
License Number 470 LCPC

SIGNATURE ON FILE

_X_ I authorize use of this form on **all** my insurance submissions. Initial ______

_X_ I authorize release of information to all my **insurance companies**. Initial ______

_X_ I understand that **I am responsible** for my bill. Initial ______

_X_ I understand that **I am responsible** for my deductible and any co-pays my insurance does not pay. Initial ______

_X_ I authorize Montana City Counseling Center to act as my agent in helping me obtain payment from my Insurance Companies. Initial ______

_X_ I authorize payment direct **to Dr. Michael A Emerson** -Montana City Counseling Center - 11 Friendship Lane - Suite 202 - Montana City Montana – 59634. Initial ______

_X_ I permit a copy of this authorization to be used in place of the original. Initial ______

Signature: ______________________________ Date: ______________________