

Marion Berg MA MFT
500 South Sepulveda, Suite 204
Manhattan Beach, CA 90266
310-293-8979
310-362-8979 fax

Insurance Information

Please contact your insurance company for the following information:

1. Authorization number _____
2. Deductible \$_____ met? Yes No
3. Co-payment \$_____
4. Number of sessions authorized _____
5. Maximum number of sessions _____
6. Name of insurance company _____
7. Phone number called _____
8. Claims address _____

I understand that it is my responsibility to pay for services not covered by my insurance.

Signature

Date