

DOCTORS COUNCIL BENEFIT PLAN B50 Broadway, 11th Floor, Suite 1101, New York, New York 10004 (212) 532-7690 Fax (212) 481-4137 CURRENTLY EMPLOYED SELF-PAY COBRA**THIS COMPLETED FORM MUST BE POSTMARKED, IF MAILED, OR RECEIVED WITHIN ONE (1) YEAR FROM THE DATE OF SERVICE, ALONG WITH YOUR RECEIPT FOR SERVICE(S) RENDERED AND IF APPLICABLE, STATEMENTS FROM OTHER INSURANCE CARRIERS.**

RETURN TO:

Doctors Council Benefit Plan**50 Broadway, 11th Floor, Suite 1101****New York, New York 10004****Phone: 212 532-7690 • Fax: 212 481-4137****Email: benefits@doctorscouncil.org****MEMBER INFORMATION**

LAST NAME		FIRST NAME		MI	BIRTHDATE	SOCIAL SECURITY #	
ADDRESS <i>Street</i>			<i>City</i>		<i>State Zip code</i>		
HOME PHONE	HOME FAX	WORK PHONE	WORK FAX	CELL PHONE	WORK SITE		
HOME EMAIL				WORK EMAIL			

PATIENT INFORMATION

LAST NAME		FIRST NAME		MI	BIRTHDATE	RELATIONSHIP TO MEMBER	
IS PATIENT COVERED BY ANOTHER INSURANCE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO							
NAME AND ADDRESS OF OTHER INSURER:							
NAME AND ADDRESS OF OTHER INSURER:							
NAME AND ADDRESS OF OTHER INSURER:							

BENEFIT YOU ARE APPLYING FOR: (CHECK ONE BOX ONLY)

<input type="checkbox"/> HEARING BENEFIT (<i>M.D. To Certify Below</i>)	<input type="checkbox"/> PODIATRY BENEFIT
<input type="checkbox"/> PSYCHIATRIC BENEFIT	<input type="checkbox"/> PRIVATE DUTY NURSING – IN HOSPITAL

PROVIDER INFORMATION : PROVIDER MUST COMPLETE THIS SECTION

NAME		ADDRESS		TELEPHONE NUMBER	
DATE(S) OF SERVICE	DIAGNOSIS/DSM IV:	TREATMENT: For the Hearing Benefit indicate which ear(s) are affected.			
MENTAL HEALTH PROVIDER MUST COMPLETE THE FOLLOWING: <input type="checkbox"/> BOARD CERTIFIED PSYCHIATRIST <input type="checkbox"/> BOARD ELIGIBLE PSYCHIATRIST					
<input type="checkbox"/> STATE LICENSED PSYCHOLOGIST <input type="checkbox"/> LICENSED CLINICAL SOCIAL WORKER (LCSW)					
LENGTH OF EACH VISIT _____		CHARGE PER VISIT \$ _____		TYPE OF VISIT: INDIVIDUAL GROUP	
PROVIDER'S SIGNATURE			DATE	PROFESSIONAL DEGREE:	LICENSE NUMBER

MEMBER'S SIGNATURE

DATE