

Veteran's Primary Behavioral, Mental Health Insurance Information

Note: Complete this section **only** if you will be using individual veteran or veteran family insurance benefits to fund or co fund primary coverage for counseling with Altus through **Humana Military -TriCare East; or TriWest VA – Patient Centered Community Care Program (VAPCCC) Region 3.**

Altus does not accept primary coverage from other commercial insurers, Medicare or Medicaid.

Name of Individual Policy Holder, Insured Party – the Veteran Responsible for Billing – (please print)

Veteran's Date of Birth _____

Veteran's Benefit ID, DoD or Member Number _____

Veteran's Social Security Number _____

Veteran's Branch of Service _____

Primary Insurance Company Name _____

VA Authorization Number (if applicable/known) _____

Referring VA Physician (if applicable/known)

Plan Name (if applicable/known) _____

Group Name (if applicable/known) _____

Group Number (if applicable/known) _____

If Veteran Responsible for Billing is Different than Client*

Veteran's Street Address * _____

City* _____ State/Zip code* _____

Phone* _____

Veteran's Relationship to Client _____