

COURAGE BEYOND

A PROGRAM OF CENTERSTONE

CENTERSTONE MILITARY SERVICES CLIENT DEMOGRAPHIC INFORMATION FORM

TODAY'S DATE: _____

Utilization Management um@advantagebehavioral.org

www.couragebeyond.org

Fax 615-460-4107 | Phone 866-726-4560 | 24/7 COURAGE BEYOND CRISIS LINE 866.781.8010



**Centerstone Military Services is unable to authorize counseling services without complete demographic and military service information. In addition, due to the nature of the philanthropic efforts of Centerstone Military Services, we want to do everything we can to make sure we are good stewards of the funds and are assuming your request for authorization is because the recipient is a) uncomfortable using their current insurance, b) is unable to have timely access to a provider in their network and need help immediately or c) has no insurance coverage at this time.*

MILITARY SERVICE MEMBERS, SPOUSES, DEPENDENTS MUST MEET COURAGE BEYOND ELIGIBILITY REQUIREMENTS TO OBTAIN AUTHORIZATION FOR CENTERSTONE MILITARY SERVICES COUNSELING SERVICES. ACTIVE DUTY OR VETERAN MILITARY SERVICE INFORMATION IS REQUIRED TO VALIDATE ELIGIBILITY FOR SERVICE MEMBERS, SPOUSES, DEPENDENTS SEEKING COUNSELING SERVICE

Military Service Member (SM) Name:	Name of Family Member (FM) Recipient if not SM:
SM is comfortable using their insurance, Tricare, or VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	FM is comfortable using their insurance, Tricare, or VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Address if different than SM:
DOB:	DOB:
Phone:	Phone:
Email:	Email:
Active Duty <input type="checkbox"/> Non-Active Duty <input type="checkbox"/> (Required – status as of today's date)	Relationship to SM:
Branch of Service: (Required) If more than one branch, list primary <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Civilian Combatant (i.e, Blackwater, etc.) <input type="checkbox"/> National Guard or Reserve Dates of Service _____	Provider Name:
Deployed to Combat Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Name of Unit Served With:	Provider Signature

❖ **All information above is required for your Authorization to be approved.**