



Mental Health Assistance Program Instruction Sheet for Therapist

Therapist: ZoeCare has offered to subsidize therapy costs for your patient (up to \$125/session/person). To serve your patient well, ZoeCare is requesting the following from you:

- 1) Bill ZoeCare at 2251 W. Kagy Blvd. #2, Bozeman, MT 59718, up to \$125/session/person after any insurance the patient holds but before billing the patient.*
- 2) Fill out the form below in its entirety, make a copy for yourself, and send with a copy of your Montana counselor's license and an up-to-date copy of your practice liability insurance to ZoeCare.*
- 3) ZoeCare will only subsidize counseling done by licensed (LCPC or equivalent) and insured therapists. Please let your patient know if you do not qualify.*

If you have any questions, please contact Chris Grinnell at (406) 586-9444 or chris@gotozoe.org.

Therapist Name: _____

Business/Organization: _____

Mailing Address: _____

Phone: _____ Email: _____

I would like to be put on ZoeCare's list of available therapists for other patients to see.

I agree to the above ZoeCare requests.

Therapist Signature

Date

Patient: Please write your name and sign below to give your therapist permission to mention you by name to ZoeCare, if necessary. No information other than your name and billing details shall be communicated between your therapist and ZoeCare. This is so ZoeCare can pay toward your bill.

Patient Name

Patient Signature