



HypnoBirthing®

The Mongan Method

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*HypnoBirthing® Childbirth Educator
An affiliate of the HypnoBirthing® Institute*

Patient's Last Name: _____ First: _____ Initial: _____

DOB: ___/___/___ Relationship to Subscriber: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Subscriber: _____

Referring Physician/CNM: _____ Due Date: _____

Insurance Carrier: _____ Ins.ID #: _____

Coverage Code: _____ Group: _____

RELEASE: I authorize the undersigned health care provider to release any information acquired in the course of my examination or treatment.

SIGNED: _____ Date: _____
(Insured or Authorized Person)

Description	CPT Code	Fee
Childbirth Education Classes: Group	99078	
Childbirth Education Classes: Private	99342	
Educational Supplies (books, tapes, etc. provided for the client's education at cost to the educator)	99071	
Total Fees:		Balance Due:

Provider's Signature _____
Date of Service _____

Instructions to patient for filing insurance claims: Complete the patient information section at the top of this form. Attach this to your own insurance carrier's claim form and submit directly to your insurance company.