



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 and insured therapists. Please let your patient know if you do not qualify.*

If you have any questions, please contact Chris Grinnell at chris@gotozoe.org.

Therapist Name: _____

Business/Organization: _____

Mailing Address: _____

Phone: _____ Email: _____

I agree to the above ZoeCare requests.

Therapist Signature

Date