

Client Insurance Information

Name: _____ Date of birth: _____

Address: _____

Phone number: _____ Copay for specialist: _____

Name of insured: _____ Insured's date of birth: _____

Address of insured: _____

Phone number of insured: _____ Relationship to insured: _____

Member ID number: _____ Employers group ID number: _____

Name of Employer: _____

Name of insurance company: _____

Provider customer service phone number: _____

Do you know if you have met your deductible for the year? _____

If yes, do you know what your copay/co-insurance is per session? _____

**Please note that I typically request that payment be sent around the time of the appointment. I accept checks via mail to the PO Box on my website or transfer via Zelle. Please let me know if you have any questions or concerns.