HopeLife Counseling

Healey E. Ikerd, MS, LPC, LMFT
PO Box 11051; Fayetteville, AR 72703
479-409-8256

Client Insurance Information

New____ Change____

Client Name: ____

Client DOB: ____

First Appt Date: ____

Client SSN: ____

Phone: ____

Primary Subscriber Name: ____

Subscriber Address: ____

Primary Subscriber DOB: ____

Subscriber SSN: ____

Insurance Company Name: ____

Insurance Company Claims Mailing Address: ____________________________

____

Insurance Company Telephone Number: __________________________________

Insurance ID: ____

Group # ____

Employer Name: ____

Office Use Only

Phone Number Used: _________________________________

Eligibility Date: _______________ Deductible: ______________ Amt Met of Deductible: ______

CoPay: ______________________ # of Visits per year: ____________ Maximum $: ____________

Calendar or Lifetime __________ Benefits Pd at: _____________ PreAuth Needed: ____________

Authorization #: ______________________ # of Visits Authorized: _______________

Case Mgr Name: __________________________ Direct Phone #: ________________________

Employee Verifying Insurance Benefits: __________________________________