**Insurance Information**

Who is the primary insured (First/Last name)?

Client:

Client’s Spouse:

Client’s Parent:

Other:

Primary Insured Date of Birth:

Address for insurance purposes:

Insurance Type (Circle):

Primary

Secondary

Other

Private Pay

Insurance Payer/Carrier (Example- Medica, Blue Cross Blue Shield, United Healthcare, HealthPartners,

etc.):

Member ID:

Plan ID:

Group ID:

**Please upload pictures (front and back) of your insurance cards to your client portal. Or send them to** [**contact@peacefulmindmh.com**](mailto:contact@peacefulmindmh.com)

**Please request and complete a second form if you have a secondary insurance.**