

## Healing from the Past, Help for the Present, Hope for the Future

## Darcy R. Greene MA, LMFT (MFC #53395)

## Crossroads Counseling Licensed Marriage Family Therapist

## **Insurance Eligibility Verification**

| If you would l   | like to verify your insu | rance eligibility please fill ou | at and submit the following information: |
|------------------|--------------------------|----------------------------------|--|
| Patient's Full   | Name:                    |                                  |  |
| Date of Birth:   | (MM-DD-YY):              |                                  |  |
| Home Addres      | ss:                      |                                  |  |
| City:            | State:                   | Zip Code:                        | Telephone Number:                        |
| E-mail Addre     | ss:                      |                                  |  |
| Insurance Con    | mpany:                   |                                  |  |
| Member ID#:      |                          |                                  |  |
| Client Signature |                          |                                  | Date                                     |

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