

FINDING PEACE COUNSELING, LLC

INSURANCE COVERAGE

It is very important that you provide us with ALL of your insurance coverage plans. We cannot provide an accurate, and complete billing of your insurance without it. Please bring with you to your first appointment all insurance cards.

PRIMARY INSURANCE COVERAGE

Insurance Name: _____

Policy Number: _____ Group Number: _____

Policy Subscriber Name: _____ Relationship to Client: _____

Company Address: _____

Company Phone Number: _____

Effective Date: _____ Deductible: \$ _____ Co-Pay: \$ _____

SECONDARY INSURANCE COVERAGE

Insurance Name: _____

Policy Number: _____ Group Number: _____

Policy Subscriber Name: _____ Relationship to Client: _____

Company Address: _____

Company Phone Number: _____

Effective Date: _____ Deductible: \$ _____ Co-Pay: \$ _____

THIRD INSURANCE COVERAGE

Insurance Name: _____

Policy Number: _____ Group Number: _____

Policy Subscriber Name: _____ Relationship to Client: _____

Company Address: _____

Company Phone Number: _____

Effective Date: _____ Deductible: \$ _____ Co-Pay: \$ _____