



INSURANCE INFORMATION FORM

How many insurance policies does the client currently have? _____

*****Please note ***** It is your responsibility to let us know if you have 2 insurance policies. It is also your responsibility to know if you have met your deductible. **Any service/amount not covered by your insurance is your responsibility**

All balances must be current, or you will not be scheduled for further appointments.

Client Name

Person Responsible for bill

Is this client covered by insurance? YES _____ NO _____

Primary Insurance

Policyholder Name

_____/_____/_____
Policyholder Social Security Number

Address of policyholder (if different from client address)

Phone number of policyholder

_____/_____/_____
Policyholder Birth Date

\$ _____
Co-Payment

Policy #

Group #

Policyholder's Employer

Client's Relationship to Policyholder

Secondary Insurance

Who should we contact for all billing related inquires? _____

(Date)

Signature, verifying the above information is correct, and that you understand and accept information regarding responsibility for payment of services.