

**Preferred Provider Organization (PPO) Insurance Agreement - ADULT**

**I. Client**

Last Name	First Name
Date of Birth	SSN
Address	
City/State/Zip	
Phone #1	Phone #2

**II. Subscriber (If different than Client)**

Last Name	First Name
Date of Birth	SSN
Address	
City/State/Zip	
Phone #1	Phone #2
Relationship to Client	

**III. Insurance Information**

Insurance Carrier	Employer	
Identification Number	Group Number	Plan Code

*I understand that my insurance, as listed above, is the contract under which I am covered. I am aware that if the above is not true, I or my Authorizing Party agree(s) to pay in full all such charges incurred with SUNNY M. MUELLER, LPCC.*

Client (PRINT)

Client (SIGN) DATE

Sunny M. Mueller, LPCC DATE