



Insurance Form

Client Information

Legal Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

Emergency Contact Information:

City State Zip Code

Name Relationship Phone Number

Do you have a legal guardian?

Primary Insurance Policy

Secondary Insurance Policy (if applicable)

Insurance Company: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_  
(if different from client)

Policy Holder's Date of Birth: \_\_\_\_\_  
(if different from client)

Relationship to Client: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Subscriber/  
Member ID #: \_\_\_\_\_

Subscriber/  
Member ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Group #: \_\_\_\_\_

Provider Phone:  
Number (back of card) \_\_\_\_\_

Provider Phone:  
Number (back of card) \_\_\_\_\_

Is this a Medicaid/Medicare Policy?  Yes  No

Is this a Medicaid/Medicare Policy?  Yes  No

**\*Please send a copy of the insurance card (front and back) with the completed form**

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Authorization to Release Information

I authorize the release of the above provided information and any medical information necessary to: 1) provide for adequate professional coverage in the absence of the primary doctor; 2) to verify insurance coverage; 3) to file a claim for insurance benefits related to professional services rendered.

Client/Responsible Party Signature: \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party Email: \_\_\_\_\_

A member of our finance team will be contacting you to discuss the details of your or your loved one's benefits, cost of treatment, explain the process of obtaining authorization from the insurance company while you or your loved one is receiving treatment, and answer any questions you may have.

**If you would like our finance team to contact someone else other than yourself, please provide their information below:**

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_