

### Insurance Claims Payment Information

(\*Please Print All Responses)

Client's Name \_\_\_\_\_ Pt's Date of Birth \_\_\_\_\_

Client's Address (complete/full) \_\_\_\_\_  
\_\_\_\_\_

Client's Telephone #s  
h : \_\_\_\_\_ w / c : \_\_\_\_\_

Client's Relationship to the Insured (Self/Spouse/Child/Other) \_\_\_\_\_

Client's Status (Single/Married/Other) \_\_\_\_\_

Client's Employ/School Status (Employed/Full-time Student/Part-time Student) \_\_\_\_\_

Insurance Company/Plan Name \_\_\_\_\_

Insured's ID # \_\_\_\_\_ Insured's Group # \_\_\_\_\_

Insured's Name (if different from client) \_\_\_\_\_

Insured's Address (complete/full) \_\_\_\_\_  
\_\_\_\_\_

Insured's Telephone # \_\_\_\_\_

Insured's Date of Birth \_\_\_\_\_ Insured's Gender M F

Insured's Employer or School Name \_\_\_\_\_

Phone Number for Insurance Company (back of card) \_\_\_\_\_

Authorization # \_\_\_\_\_ Co-Pay Amount \_\_\_\_\_

If there is a Deductible, what is the amount? / Has it been met? \_\_\_\_\_ / \_\_\_\_\_

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MC Visa Discover Amex (\*CC info *required* to hold an appointment\*)

Credit Card Number: \_\_\_\_\_ 3-digit from backside of card: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_