

Insurance Intake Form

Very Important: Call your insurance company immediately and get pre-approval for counseling. Insurance companies will not pay otherwise. You will be responsible for the full fee for every session before approval.

Policy Holder's Name _____

Policy Holder's Birth Date _____

Policy Holder's Address (if different from the client) _____

Policy Holder's Phone Number (if different from the client) _____

Policy Holder's Employer _____

Insurance Company _____

ID# _____

Insurance Plan or Program Name _____

Insurance Company Address _____

Patient Relationship to Insured (circle one) Self Spouse Child Other

Any other Health Benefit Plan? Yes No

If "yes" please fill out the following:

Insurance Company _____

ID# _____

Insurance Plan or Program Name _____

Insurance Company Address _____
