

INSURANCE INFORMATION

PRIMARY CARD HOLDER (Guarantor of Insurance) INFORMATION

(Skip to next if you are the primary card holder)

Name of main subscriber _____ Relationship to Patient _____

Date of Birth _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Phone# (Home) _____ (Cell) _____ (Email) _____

PRIMARY INSURANCE INFORMATION

(Skip to next if ID Card is present)

Insurance Co. Name _____ Phone. # (_____) _____

HMO/ PPO ? _____ If HMO, Group Name _____

Name of the IPA which manages your Mental Health Benefits? _____

Policy# _____ Group # _____ I.D.# _____

Policy Start Date _____

Name on the Ins. Card _____ Relationship to the Patient _____

SECONDARY INSURANCE INFORMATION

Insurance Co. Name _____ Phone. # (_____) _____

HMO/ PPO ? _____ If HMO, Group Name _____

Name of the IPA which manages your Mental Health Benefits? _____

Policy# _____ Group # _____ I.D.# _____

Policy Start Date _____

Name on the Ins. Card _____ Relationship to the Patient _____

NO INSURANCE: BEING SEEN AS A CASH PATIENT