NewSolutions COUNSELING, PLLC
100 Professional Court Suite 104
Garner, NC 27529
Phone 919.706.5004

INSURANCE INFORMATION FORM

How many insurance policies does the client currently have? _____
*****Please note ***** It is your responsibility to let us know if you have 2 insurance policies. It is also your responsibility to know if you have met your deductible. **Any service/amount not covered by your insurance is your responsibility**

All balances must be current, or you will not be scheduled for further appointments.

_____ _____
Client Name Person Responsible for bill

Is this client covered by insurance? YES _____ NO _____

_____
Primary Insurance

_____ _____/_____/_____
Policyholder Name Policyholder Social Security Number

_____
Address of policyholder (**if different from client address**)

_____
Phone number of policyholder

____/_____/_____ $ _____
Policyholder Birth Date Co-Payment

_____ _____
Policy # Group #

_____ _____
Policyholder's Employer Client's Relationship to Policyholder

_____
Secondary Insurance

Who should we contact for all billing related inquires? _____

_____ _____ (Date)
Signature, verifying the above information is correct, and that you understand and accept information regarding responsibility for payment of services.