



## YOU-Turn Counseling, PLLC

### INSURANCE INFORMATION FORM

Client Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Client Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Person Responsible for Bill \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Address (if different from Client Address) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Client's Occupation \_\_\_\_\_ Client's Employer \_\_\_\_\_

Is this client covered by insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Primary Insurance \_\_\_\_\_

Policyholder Name \_\_\_\_\_ Policyholder S.S. # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Policyholder Birth Date \_\_\_\_\_ Group # \_\_\_\_\_

Policy # \_\_\_\_\_ \$ \_\_\_\_\_  
Co-Payment

Policyholder's Employer \_\_\_\_\_ Client's Relationship to Policyholder \_\_\_\_\_

**\*\*\*Please note \*\*\* YOU-Turn Counseling PLLC does not file secondary insurance. Any service/amount not covered by your primary insurance is your responsibility. All balances must be current or you will not be scheduled for further appointments.**