

Lisa Sipes, M.A., LPC

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INSURANCE INFORMATION

Name (Last) _____ (First) _____ (Middle) _____

Address(Street) _____

City _____ State _____ Zip _____

Phone(cell) _____ (Work) _____ (Home) _____

Birthday _____

Name and address of insured person if different from above:

Client's relationship to insured (circle) Self Spouse Child Other

SS# of insured _____ Birthday of insured _____

Place of employment of insured _____

LOCATED ON CARD

Insurance Company Name _____

Insurance Address _____

Insurance Telephone Number _____

Subscriber ID _____

Policy Number _____

Group Name and Number _____

Counselor' Use

Begins _____ **Expires** _____

Copay _____ **Number of Visits allowed** _____