

INSURANCE INFORMATION

NO INSURANCE: BEING SEEN AS A CASH PATIENT

PRIMARY POLICY HOLDER INFORMATION (Guarantor of Insurance)

(Skip to next if you are the primary policy holder and are not a dependent)

Name of Subscriber _____ Relationship to Patient _____

Date of Birth _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Phone# (cell) _____ (home) _____ (Email) _____

PRIMARY INSURANCE INFORMATION

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

HMO/ PPO ? _____ If HMO, Group Name _____

Name of Payor that manages your Mental Health Benefits? _____

Phone number on Ins. Card for Mental/ Behavioral Health _____

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

Policy Start Date _____ Yearly Deductible _____ Specialist Copay _____

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

SECONDARY INSURANCE INFORMATION

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

HMO/ PPO ? _____ If HMO, Group Name _____

Name of Payor that manages your Mental Health Benefits? _____

Phone number on Ins. Card for Mental/Behavioral Health _____

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

Policy Start Date _____ Yearly Deductible _____ Specialist Copay _____

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