Psychoanalyst Services

THERAPIST INFORMATION

NAME

first name | middle name | last name

degree(s) | title

ADDRESSES

service address (where you treat patients)

city | state | zip

billing address (if different than service address; return address on envelopes, where checks are sent)

city | state | zip

PHONE, EMAIL

work phone (used on letterhead if desired) | cell phone (optional)

home phone (optional) | email address

LICENSING

social security number (required for insurance claims) | employer identification number (optional)

NPI number (required for insurance claims) | PTAN number (sometimes used on insurance claims)

license number (optional)

SIGNATURE

please keep signature entirely within box