

Wendy Hill, LPC

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

Secondary Insurance

****Please note *** It is your responsibility to let Wendy Hill know if you have 2 insurance policies. Any service/amount not covered by your insurance is your responsibility. It is your responsibility to let Wendy Hill know if you have met your deductible. All balances must be current or you will not be scheduled for further appointments.*

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

Date