

# INSURANCE INFORMATION

Primary Insurance Provider:

\_\_\_\_\_

Date coverage started: \_\_\_\_\_

Insurance ID number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Whose insurance is this? If this is your policy, skip to number of sessions allowed. If you obtain insurance through someone else's policy, please complete the following about that person:

Name (please print)

\_\_\_\_\_

Address (please print)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your relationship to the policy holder:

child  spouse  other dependent

Number of sessions allowed: \_\_\_\_\_  
(you may need to contact your provider for this information)

Is pre-certification required? \_\_\_\_\_  
(you may need to contact your provider for this information)

Secondary Insurance Provider:

\_\_\_\_\_

Date coverage started: \_\_\_\_\_

Insurance ID number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Whose insurance is this? If this is your policy, skip to number of sessions allowed. If you obtain insurance through someone else's policy, please complete the following about that person:

Name (please print)

\_\_\_\_\_

Address (please print)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your relationship to the policy holder:

child  spouse  other dependent

Number of sessions allowed: \_\_\_\_\_  
(you may need to contact your provider for this information)

Is pre-certification required? \_\_\_\_\_  
(you may need to contact your provider for this information)