

## Traci Koen, LPC, PLLC

**Insurance Information:** I am currently in network for: BlueCross/ Blue shield

If you are covered by another insurance company, I will provide you with a bill you can submit (not necessary to complete following).

**Client's Name** Click or tap here to enter text. **Date of Birth** Click or tap here to enter text.

**Name of Insured:** Click or tap here to enter text.

**Relationship to client?** Click or tap here to enter text. **Date of Birth of insured:** Click or tap here to enter text.

**Insurance company** bcbs

**Address for claims** Click or tap here to enter text.

**Group Number:** Click or tap here to enter text.

**Member Id number:** Click or tap here to enter text.

**Phone Number for Benefit Verification or Provider Service:**

Click or tap here to enter text.

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**Office Only:**

**Benefit summary:**

**Copay/coinsurance**

**Diag code** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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