



## Insurance Information

Some therapists are in network for some insurance plans. Please verify whether your therapist is *in* or *out* of network for your insurance plan. In some cases, therapists are able to file for you as a courtesy for out of network benefits.

**Client's Name:**

**Date of Birth:**

**Name of insured:**

**Relationship to client?**

**Date of Birth of insured:**

**Insurance company:**

**Address for claims**

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**Member Identification number:**

**Group Number:**

**Phone Number** for Benefit Verification or Provider Service: Listed on card front or back?

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**Employer:**

\*Please provide therapist with your insurance card and driver's license at your first appointment. For questions contact us at 214 919-7177

