Client Insurance Information Form

*Complete this form **ONLY** if you are planning to utilize your BlueCross BlueShield (BCBS) insurance benefits for therapy.*

☐ **I am a self-pay client and will not be utilizing benefits from an insurance company**

Client Full Name: _____ New Client? ☐ Client Update? ☐

Address: _____ _____ _____ _____
Street or PO Box City State Zip

Social Security Number: N/A _____ Date of Birth: _____ Gender: ☐ M ☐ F

Home Phone: _____ ☐ Y ☐ N
May I leave a message?

Home Phone: _____ ☐ Y ☐ N
May I leave a message?

Other Phone: _____ ☐ Y ☐ N
May I leave a message?

Client Marital Status
☐ Single ☐ Married ☐ Other

Client Employed?
☐ Yes ☐ No

Client Student Status
☐ Full Time ☐ Part Time

Email: _____ May we text your cell phone? ☐ Y ☐ N

How Did You Hear About My Practice? ***Please be as specific as possible.***

Name: _____ ☐ Former/Current Client ☐ Website ☐ Print Media

☐ Healthcare Professional ☐ Mental Health Provider ☐ Insurance Company ☐ Word of Mouth

Responsible Party Information ***The responsible party will receive the bill for any services not covered by insurance. Please complete any information that differs from the client.***

☐ Same as Above

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____
Street or PO Box

_____ Relationship to Client: _____
City State Zip

Insurance Information ****Information in this section should pertain to the Primary Person listed on the insurance card. Please complete any information that differs from the client.***

Insurance Co: _____ Insurance Phone#: _____

Insured's Name: _____ ID#: _____

Group#: _____ Patient Relationship to Insured ☐ Self ☐ Spouse ☐ Child ☐ Other

Insured's Address: _____ Home Phone: _____
Street or PO Box

_____ Insured's SSN: N/A _____
City State Zip

Insured's DOB: _____ Gender: ☐ M ☐ F Insured's Employer: _____

I hereby authorize the release of all information necessary to secure payment and assign all benefits to which I am entitled.

Signature: _____ Date: _____

Office Use Only Provider: _____ Diagnosis Code: _____

Billing Notes: _____

Form Updated 11/1/2018