LIFE TO THE
—Fullest LLC—

INSURANCE INFORMATION FORM

I truly appreciate your choosing to come to us for psychological help. As part of providing high-quality services, we need to be clear about our financial arrangements. If you have a health insurance that we are in network with, it may pay for a part of the cost of your treatment here. To find out if this is so, I need the information requested below.

Patient's name: _____ Birthdate: _____

Address: _____ Home phone: _____

(If the patient is a dependent) Insured's/policy holder's name: _____

Occupation:_____ Employer: _____ Work phone: _____

Address of employer:_____

Insurance Carrier: _____

Name of subscriber (if not the patient): _____ Birthdate: _____

Address: _____

Identification #: _____ Group or enrollment #: _____

Plan #/code or BS #: _____ Effective date: _____

Location of plan: _____ Phone: _____

Deductible: $ _____ Do you know how much of this deductible has been used so far? $ _____

Does any rule about preexisting conditions apply here? ❑No ❑Yes, and the rule is: _____

I give Life to the Fullest LLC permission to release any information obtained during examinations or treatment of this client that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or myself. I understand that I am responsible for all charges, regardless of insurance coverage.

Assignment of benefits

I hereby assign medical benefits to be paid to the therapist above. A photocopy of this assignment is to be considered as good as the original.

_____ _____

Client's (or parent/guardian's) signature, indicating agreement to all of the statements above

Date

_____

Printed name

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