

Insurance Information (required if paying with insurance)

Client's Name (usually you): _____

Primary/only insurance plan: _____

Client's ID#: _____ Group ID#: _____

Are you: employed PT student FT student

Legal marital status (as for state tax filing): single married/RDP other _____

The primary policyholder is: me my spouse/RDP my parent other _____

Your/insured person's place of work (or school) if that's how you/they get insurance: _____

Other/home address your insurance company might have listed for you? _____

Are you also covered by another plan -- such as one belonging to a spouse ? yes no
(your insurance company requires an answer, even if you only use your primary plan)

If covered only by someone else's insurance or if you are covered under two plans:

Insured's (or other insured's) name - First: _____ MI: _____ Last: _____

Insured's Date of Birth: _____ male female

If all the following information is the same as yours/the client's: check here. Otherwise, please fill in any differences:

Insurance Plan : _____ Insured's ID#: _____ Group #: _____

Insured Person's Place of Work (or School): _____

Insured's Addr.: (# & st:) _____

(city:) _____ (st:) _____ (zip:) _____

Insured's phone #: _____

Date printed: _____ Date filled out: _____ Your initials: _____