



Please fill out **completely** and bring to the first therapy session along with your insurance card for an easy copy to. It is **very important** that you contact your insurance company to verify benefits. **We will not be able to start therapy until this form is completed!** The starred items are the questions you need to ask when you contact your insurance company. If you have copies, we will also collect them at the appointment we take credit card, checks and cash. Thank you!

Client Name _____

Private Pay? Yes No

Insurance Company Name: _____

ID# _____

Group # _____

Policy Holder's Name: _____ DOB: _____

Policy Holder's Employer: _____

Relationship to Client: _____

*Number of Approved Visits per year: _____

*Is Calendar Year: starts/ends _____/_____, (example Jan 1/Dec 31)

*Deductible? Yes No If yes, Amount \$ _____

*Co-pay/Co-insurance per session: \$ _____

*We share with Medical Records: are your visits managed by Landmark Healthcare? Yes No

How do you prefer to be contacted in the event that a cancellation needs to be made?

How did you find out about us? (E.g., internet search, referred by friend)

Can we add your email address for our monthly newsletter? Yes No