



Insurance intake information:

Client: _____ Date _____
 Address: _____ City/Zip _____
 DOB: _____ Gender _____ Phone: _____ Is it ok to leave msg: _____
 If client is a minor) Parent: _____ DOB: _____
 Address (if different than above): _____
 Emergency Contact: _____ Relationship _____ Phone: _____
 School/Employer _____
 If a minor and divorce situation, what percentage of custody? _____ Mom, _____ Dad.

Guarantor (insurance holder):

Name: _____ Relationship: _____
 Address if different from client: _____
 DOB: _____ Gender: _____
 Phone: _____ Is it ok to leave msg? _____

Primary Insurance:

Insurance name (Aetna, BS/BS, Regence, Medicaid etc.):

 Type (commercial, Medicaid, Group, HMO, Indv pol) _____
 Member id # _____ Group #: _____
 Deductible: _____ Has deductible been met? _____
 Copay: _____

Secondary Insurance: _____ Check here if no secondary Ins

Guarantor (insurance holder):

Name: _____ Relationship: _____ DOB: _____ Gender: _____
 Address if different from client: _____
 Phone: _____ Is it ok to leave msg? _____

Insurance name (Aetna, BS/BS, Regence, Medicaid etc.):

 Type (commercial, Medicaid, Group, HMO, Indv pol) _____
 Member id # _____ Group #: _____
 Deductible: _____ Has deductible been met? _____
 Copay: _____ Autho # if required: _____