Health Insurance Information

Client Name: _____

Date of Birth: _____

Guardian Name: _____

Primary Insurance Name:							
Subscriber Name		**Subscriber's Date of Birth**		**Relationship to Client**			
Subscriber's Home Address							
City		**State**		**Zip**			
Main Phone		**Type**		**Other Phone**		**Type**	
Policy/ID #		**Group #**		**Subscriber Gender**			
Secondary Insurance Name:							
Subscriber Name		**Subscriber's Date of Birth**		**Relationship to Client**			
Subscriber's Home Address							
City		**State**		**Zip**			
Main Phone		**Type**		**Other Phone**		**Type**	
Policy/ID #		**Group #**		**Subscriber Gender**			

Insurance Card(s) Provided to the Receptionist? ☐ **YES** ☐ **NO**

Insurance Notes: