

WARREN COUNSELING SERVICES

Insurance Information Form

Client's
Full Name: _____
Address: _____ **D.O.B.:** _____
_____ **Phone:** _____

Employer: _____ **Email:** _____

Insurance/EAP: _____
Policy #: _____ **Group #:** _____

Policyholder's
Full Name: _____
Address: _____ **D.O.B.:** _____
_____ **Phone:** _____

Employer: _____ **Email:** _____

Please do not complete any of the information below this point:

Claims **# of**
Address: _____ **Sessions:** _____

Neg. Rate: _____ **Co-pay:** _____

Notes: _____

