

The Center for Psychological Counseling Services, Inc.
5124 Hollywood Boulevard
Hollywood, FL 33021
Tel: (954)894-1174 & Fax: (954)965-4597

Insurance Form

Demographic Information

Patient's Name: _____	Today's Date: _____
Patient's Address: _____	Next Apt: _____
_____	Insured's Name: _____
_____	_____
Work Phone: _____	_____
Home Phone: _____	Insured's Home Phone: _____
Cell Phone: _____	Insured's Cell Phone: _____
Social Security #: _____ - _____ - _____	Insured's Social Security #: _____ - _____ - _____
Sex: _____ Age: _____ Marital Status: _____	Insured's Sex: _____ Age: _____ Marital Status: _____
Date of Birth: _____ / _____ / _____	Insured's Date of Birth: _____ / _____ / _____
Patients Employer: _____	Insured's Employer: _____
_____	_____
Referred By: _____	_____
Primary Doctor: _____	Phone: _____
Emergency Contact: _____	Relationship: _____
Emergency Phone: _____	Cell Phone: _____

Insurance Information

Primary Insurance: _____	Secondary Insurance: _____
Type: _____	Type: _____
ID Number: _____	ID Number: _____
Policy Number: _____	Policy Number: _____
Patient: _____	Patient: _____
Relation to Insured: _____	Relation to Insured: _____
Deductible: _____	Deductible: _____
Mailing Address: _____	Mailing Address: _____
_____	_____
_____	_____
Phone: _____	Phone: _____

Office Notes: