Life Synergy Wellness

Gunjani Patel, M.A, NCC, LMHC, CISM, ABA

Psychotherapy, EMDR Qualified, Disability Assessments, Comprehensive Behavioral Evaluations

Professional Clinical Counselor Intern

INSURANCE INFORMATION FORM

PATIENT'S NAME: **BIRTH DATE:**

SSN# (Optional)

POLICY HOLDRE'S NAME (IF DIFFERENT THAN ABOVE): **BIRTH DATE:**

INSURANCE COMPANY NAME: **PAYOR ID:**

ADDRESS: **SUITE/UNIT #:**

CITY **STATE:** **ZIP CODE:**

PHONE #:

PATIENT'S ID # **PATIENT'S INSURANCE GROUP #**

ADDRESS: **SUITE/UNIT #:**

CITY **STATE:** **ZIP CODE:**

PATIENT'S RELATIONS TO THE INSURED: Spouse Domestic Partner Parent Child Sibling

PHONE #:

POLICY HOLDER'S EMPLOYER: