

Living Life Phone 512-966-5405 Fax (512) 864-0930
1504 Leander Road Georgetown, Texas 78628
Livinglifecounseling.org

Client's Name: _____ Date: _____
DOB: _____ Age: _____ Sex: _____ Marital Status: _____
Client Status: _____ Employed _____ F/T Student _____ P/T Student _____
Work at Home/Employer: _____
Job Title: _____
Client Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Other Phone: _____
Is it okay to leave messages? _____ email _____ home _____ cell _____ text
May we text, email, or leave phone messages regarding appointment reminders? _____
In Case of Emergency Notify: _____
Phone: _____ Relationship: _____
Immediate Family System (Children / Siblings / Parent / Spouse / Significant Other) and ages: _____

If you would like to file with your insurance, You Must complete the following, or you will be responsible for your visits. Be sure that a copy of your current insurance card has been attached to your file. Did you purchase your health coverage through an employer or through the retail marketplace at healthcare.gov as part of the affordable care act?

_____ Employer _____ Retail Marketplace

Have you called your insurance company to verify that the counselor you have chosen is covered by your plan, verify your benefits and request authorization if authorization is needed? _____

Authorization Number: _____

Sessions: _____

Did you ask what your co-pay is? _____ Co-pay Amount: _____

Insurance Company or EAP Name: _____

Insurance or EAP Phone #: _____

Insurance Mailing Address: _____

ID # if different from social: _____ Group Number if any: _____

Primary Insured Name _____ Relation to client: _____

Primary Soc. Sec: _____ Primary Insured DOB: _____

Primary Insured's Employer: _____ Primary Insurance Holder if different from client: Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____ Is

there a secondary health insurance policy? Y / N This office does not file for secondary coverage. Please talk with your therapists if you require additional information or to discuss secondary coverage with them.