

2. CPP Insurance Information & Consent

Client Demographic Information

Full Name:

Gender:

Street Address:

City, State:

Zip Code:

Home Phone Number:

Check if a voicemail message may be left at this number.

Mobile Phone Number:

Check if a voicemail message may be left at this number.

Work Phone Number:

Check if a voicemail message may be left at this number.

Email Address:

Marital Status

Single

Married

Divorced

Widowed

Spouse's Name:

Social Security Number:

Date of Birth:

Employer / School:

Insurance Information

Primary Insurance

Primary Insurance Company:

Policy Holder's Full Name:

Policy Holder's Date of Birth:

Policy Holder's Relationship to Client

Self

Spouse / Partner

Parent / Guardian

Subscriber ID / Member Number:

Group Number:

Behavioral Health / Provider Phone # (usually on back of insurance card):

Co-pay or Co-insurance, if known:

Secondary Insurance

Secondary Insurance Company:

Policy Holder's Full Name:

Policy Holder's Date of Birth:

Policy Holder's Relationship to Client

Self

Spouse / Partner

Parent / Guardian

Subscriber ID / Member Number:

Group Number:

Behavioral Health / Provider Phone # (usually on back of insurance card):

I hereby permit Sarah Reimer, PhD, dba Clearpoint Psychology, LLC, to release any information acquired in the course of my examination or treatment required to process this claim. I also authorize treatment by Sarah Reimer, PhD. I hereby request my insurance carrier to pay on my behalf insurance benefits to Sarah Reimer, PhD, dba Clearpoint Psychology, LLC, for services rendered. I understand this authorization will be effective until revoked in writing.

By entering my name and today's date in the boxes below, I am indicating consent to this authorization.

Full Name of Client or Parent / Guardian:

Today's Date: