



The Counseling Hut

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<http://www.thecounselinghut.org/>

Insurance Information Form Revised July 1, 2011

CID: _____
To be filled out by the Counseling Hut

Rcv'd: ____/____/____
To be filled out by the Counseling Hut

Client Name (last, first, m.i.): _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: ____/____/____ Sex: F / M Phone: (____) ____-____

Status: single / married / other employed / full-time student / part-time student

Primary Insurance Relationship of the client to the insured: self / spouse / child / other

Name of the insured (last, first, m.i.): _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: ____/____/____ Sex: F / M Phone: (____) ____-____

Plan Name: _____ Plan ID Number: _____

Group Name: _____ Group ID Number: _____

Secondary Insurance Relationship of the client to the insured: self / spouse / child / other

Name of the insured (last, first, m.i.): _____

Date of Birth: ____/____/____ Sex: F / M Phone: (____) ____-____

Plan Name: _____ Plan ID Number: _____

Group Name: _____ Group ID Number: _____

I authorize the release of any of my personal health information required to process health insurance claims for services provided to me by the Counseling Hut.

Client or Client's Representative Date

Client or Client's Representative Date

I authorize payment of health insurance benefits to the Counseling Hut for services provided by the Counseling Hut.

The Insured or the Insured's Representative Date

The Insured or the Insured's Representative Date