



NEW CLIENT INSURANCE INFORMATION

To avoid delays in insurance payment for your services at Balance Stress Management & Therapy, we would like to check your insurance benefits prior to your first appointment. Please provide the information as soon as possible to:
balancestresstx@gmail.com

Insured's Full Name: _____

Insured's Date of birth: _____

Client's Full Name: _____

Client's Date of Birth: _____

Home Address: _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Phone Number: _____

Insurance Company Name: _____

Insurance ID #: _____

Insurance Customer Service # (on back of your insurance card)

Insurance Mental Health # (on back of your insurance card)

Referred By: _____