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INSURANCE (page 5 of 5)

Client Name: _____ Insured: _____

Insured ID or SS#: _____ Group #: _____

Date of Birth: _____ Insured Date of Birth: _____

Insurance Co.: _____ Telephone #: _____

Claims Address: _____

Clients relationship to insured: Self Spouse Child Other

SECONDARY INSURANCE (IF APPLICABLE)

Client Name: _____ Insured: _____

Insured ID or SS#: _____ Group #: _____

Date of Birth: _____ Insured Date of Birth: _____

Insurance Co.: _____ Telephone #: _____

Claims Address: _____

Clients relationship to insured: Self Spouse Child Other

**PLEASE ATTACH AND SEND COPIES OF YOUR INSURANCE CARD(S) FRONT AND BACK
WITH YOUR FILLED OUT AND SIGNED INTAKE FORMS. THANK YOU.**

NOTES:

Signature: _____ Date: _____