The Counseling Hut

PO Box 50113, Eugene, OR 97401
541-342-8144 (Phone/TTY) 541-342-1724 (Fax)
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: _____

Notes: _____

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

_____ _____
Client or Client's Representative Date

_____ _____
Client or Client's Representative Date