



5147 South Lakeland Drive, Suite 4
Lakeland, Florida 33813
(863) 701-5127

PLEASE PRINT LEGIBLY

INSURANCE INFORMATION

Client's Name: _____ DOB: _____

Client Address: _____

Phone: _____

Insured's Name: _____ DOB: _____

Relationship to Client: _____

Insured's Address: _____

Phone: _____

Insurance Company: _____ EAP: Yes No

Sessions authorized: _____ Copay: Yes No Amount _____

Insured's ID Number: _____

Insured's Group/Policy Number: _____

Authorization Number: _____

Billing Address of Insurance Company: _____

I, _____, authorize Thoughtful Counseling LLC to
file claims with the above insurance for services provided.

Print Name: _____ Date: _____

Signature: _____