

**Teresa Welch
Licensed Psychologist, LLC**

Insurance Information
Please provide a copy of your Insurance Card

SECTION 1: Client Information					
Last Name:		SSN:			
First Name:		Middle Initial			
Address 1:					
Address 2:					
City:		State:			
Zip Code:		Phone No:	()		
Date of Birth: mm/dd/yy		Sex:	Male Female		
Marital Status:	Single:	Married	Other		
Employment Status:	Employed	Unemployed	Retired		
Student Status:	Full-Time	Part-Time			
Employer/School:					

Section 2: Insurance Information	
Name of Insurance:	
ID #	
Group #	
If your insurance requires a certification number and expiration date, please provide that information.	
Certification #.	Expiration Date:

Section 3: Relationship to Insured:	
Self	If you check self, do not complete Section 4 below.
If you check any of the next three, Please complete Section 4 below.	
Spouse	Child Other Specify:

Section 4: Who is the Primary Person on the Insurance?			
Last Name:		SSN:	
First Name:		Middle Initial	
Address 1:			
Address 2:			
City:		State:	
Zip Code:		Phone No:	()
Date of Birth: mm/dd/yy		Sex:	Male Female
Employer/School:			