

**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 #	
MH/Substance Abuse (information from back of insurance card).	
Phone # for MH/Substance Abuse	Name of MH Company:

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:							