

INSURANCE INFORMATION

Provider:

Vicki Ray, MBA, MA, LPC
1970 Rawhide Drive, Suite 204
Round Rock, TX 78681
512-663-6368

Please provide the following information if you plan to use insurance	
Client Name	
Client Address	
Client Phone Number	
Client Date of Birth	
Client SSN	
Policy Holder's Name	
Policy Holder's Date of Birth	
Policy Holder's Group #	
Policy Holder's SSN	
Policy Holder's Address	
Policy Holder's Phone Number	
Policy Holder's Relationship to Client	
I authorize the release of any clinical or other information necessary to process my insurance claim.	YES / NO (circle one)
I authorize payment of insurance benefits to the provider, Vicki Ray, MBA, MA, LPC	YES / NO (circle one)
Name of Mental Health Insurance company, billing address and phone number	
Preauthorization or certification number	
Do you have any secondary insurance?	YES / NO (circle one)
If yes, please provide secondary insurance company name, billing address and phone number	
Insured or Client's Signature	
Date	