

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Client Insurance Form**

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Primary Insurance Information\***

*\*Payment is requested up front for all services if I am not In Network with your insurance provider. I will submit claims on your behalf or provide you with a detailed receipt for you to submit for reimbursement. Reimbursement from your insurance provider is not guaranteed.*

Name of insurance company: \_\_\_\_\_ Policy or ID Number: \_\_\_\_\_

Insurance Provider Phone: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Subscriber (if different than client): \_\_\_\_\_ Birth date: \_\_\_\_\_

Address of Subscriber (if different than client): \_\_\_\_\_

***Please provide a copy or send a photo of the front and back of your insurance card.***

**Secondary Insurance Information\***

*\*Payment is requested up front for all services if I am not In Network with your insurance provider. I will submit claims on your behalf or provide you with a detailed receipt for you to submit for reimbursement. Reimbursement from your insurance provider is not guaranteed.*

Name of insurance company: \_\_\_\_\_ Policy or ID Number: \_\_\_\_\_

Insurance Provider Phone: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of subscriber (if different than client): \_\_\_\_\_ Birth date: \_\_\_\_\_

Address of Subscriber (if different than client): \_\_\_\_\_

***Please provide a copy or send a photo of the front and back of your insurance card.***

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date