

## Crane Counseling Group, LLC

Providing Counseling, Consultation, and Psychological Evaluation

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CraneCounselingCT.com

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## Health Insurance Information Form

**Client Name** \_\_\_\_\_

**Name of Parent**

(for client under age 18) \_\_\_\_\_

**Name of Insurance Company** \_\_\_\_\_

**Member ID #** \_\_\_\_\_

**Address of Cardholder** (Street address, city, state, zip code)

\_\_\_\_\_

**Client Date of Birth** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Do you have a deductible?** Circle Yes or No      **Yes**      **No**

**What is your deductible amount?** \_\_\_\_\_

**Co-Pay Amount** (If applicable) \_\_\_\_\_

**Number of sessions covered** \_\_\_\_\_