3010 Bordentown Ave, STE B2 ● Parlin, NJ 08859
(732) 365-3933 ● info@TAKE2counselingnj.com
www.TAKE2CounselingNJ.com

Insurance Information For Out of Network Reimbursement

Date: _____

Print Name: _____

Print Name of Parent (For Minor): _____

Email Address: _____

Phone Number: _____

Name of Insurance Company: _____

Group Number: _____

Member ID/ Number: _____

Is the client the Primary Subscriber to the policy? ☐Yes ☐No

If No, Name of Policy Holder: _____

DOB: _____ **Phone Number**: _____

I authorize the release of any information necessary to process this claim.

_____

Signature of Client **Date**

_____

Signature of Clinician **Date**