

Health Insurance Information Form

At your request, we will give the form to you to submit directly to your health insurance company for reimbursement. Acord Therapy does not work directly with insurance companies and we can not guarantee reimbursement of fees. This information will be used to fill out a health insurance claim form. Check with your insurance company to see if you have “out-of-network mental health benefits”. Please fill out this form and bring it to your next appointment.

Patient's Full Name
Subscriber's Full Name
Relationship to Patient self / spouse / child
Subscriber's Insurance ID
Subscriber's Social Security #
Subscriber's Date of Birth
Subscriber's Home Address
Subscriber's Phone Number
Subscriber's Employer Name
Employer Address
Employer Phone #
Health Insurance Name
Group Number
Health Insurance Claims Address
Health Insurance Phone Number
Additional Insurance Info