

ICARUS Counseling
Insurance and Billing Information

Client's Name: _____ today's Date: _____

How will you be paying for services? Cash/Check _____ Insurance _____, Credit or debit Card,
using "PayPal" _____, other _____ (please explain)

Insurance Information

Name of insured: _____ Insured date of birth: _____

Address of insured person: _____ City, Zip: _____

Relationship of client to insured person: _____

Employer of insured person: _____

Insurance company: _____ Phone: _____

Insurance identification number: _____ Group number: _____

Secondary insurance: _____ Phone: _____

Name of secondary insured: _____ Date of Birth _____

Address of insured person: _____ City, Zip: _____

Relationship of client to insured person: _____

Secondary identification number: _____ Group number: _____

I cannot afford to pay the full cost of treatment but agree to pay the amount negotiated _____

I understand that payment is due at each appointment unless otherwise agreed to _____

Client Signature

Date