

Elements of Life Counseling Center, LLC
1741 W. 33rd, Ste. 100
Edmond, OK 73013
Office: 405.285.5586

Insurance Verification/Authorization

Client Name: _____

Address: _____

Phone: _____ **Cell:** _____ **Work:** _____

DOB: _____ **SS#:** _____

*****TO BE COMPLETED BY POLICY HOLDER*****

Insurance ID#: _____ **Group#:** _____

Policy Holder Name: _____

Policy Holder DOB: _____ **SS#:** _____

Relationship to Client: _____

Name of Insurance: _____

Address: _____

Phone: _____

Office Use Only

Co-pay: _____ **Deductible:** _____ **Met:** _____

Coins: _____ **Visit Limit:** _____

Authorization: _____ **Dates:** _____

Dates & Initials of Verification: _____