

Denise O'Doherty LPC, MSN  
3730 Kirby Dr. #910  
Houston, Tx. 77098  
(713) 524-9525

Insurance Information

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_ date of birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Insurance Address: (where to send claims) \_\_\_\_\_

Member ID #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Customer Service Phone Number: \_\_\_\_\_

Benefits Phone Number: \_\_\_\_\_

Pre-Certification Phone Number: \_\_\_\_\_

Relationship to insured:        self                                partner/spouse

Authorization for Insurance Payment: I authorize Denise O'Doherty LPC, MSN to release any medical or necessary information to process my insurance claims. I authorize payment of medical benefits to the undersigned supplier, Denise O'Doherty LPC MSN for services described and rendered. I designate here that I am ultimately responsible for any and all expenses accrued.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

