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: ____/____/____