Plumeria Counseling Center, LLC

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BCBS Insurance Information Worksheet

I am pleased to be able to file BCBS PPO, Federal, and CareFirst BlueChoice claims on your behalf. To make the process easier, please complete the following insurance form. If you have any questions, please don't hesitate to ask.

Client Insurance Information: Please fill out all information in this section.

Member ID Number (including alpha prefix): _____

Group Number: _____

Client Name on Insurance: _____

Insurance with which Company, Agency /Plan: _____

Client Date of Birth: _____

Client Address: _____

Client Phone Number: (H) _____, *(W)*_____

*(C)*_____.

Gender on Insurance: _____

Policy Holder Information (only fill this section out if someone other than you is the policy holder)

Policy Holder Name: _____

Policy Holder Date of Birth: _____

Policy Holder Address: _____

Policy Holder Phone Number (will only be used for insurance claims unless otherwise specified)

Policy Holder Place of Employment (only if insurance is acquired through employer): _____

Policy Holder's Relationship to You (parent, spouse, etc): _____

Policy Information:

Phone Number on Back of Card: _____

Deductible Amount (if any): _____

Copay or Coinsurance Amount:* _____

Policy Renewal Date: _____

*All copays or coinsurance fees are due at the time of service and must be paid in cash, check, or credit card.

**Please note that you are required to inform me anytime there are changes to your insurance information. Such changes may include a change of address, name, or the termination of the policy.

***In the event that BCBS does not cover your claim, you are responsible for the full amount owed. This will typically happen before a deductible is met but could potentially occur at other times if the policy is not recognized as a BCBS PPO or CareFirst BlueChoice policy.

****I acknowledge that should there be any unpaid deductible and/or copay/coinsurance amounts at the time of termination, these amounts will be charged to the credit card on file.

_____	_____	_____
Client Name	Client Signature	Date