

## Heather L. Rice, LMHC, PLLC

---

PO Box 3092 Oswego, NY 13126 Ph: 315-529-1008 Fax: 315-295-2549 [heatherricecounseling@gmail.com](mailto:heatherricecounseling@gmail.com)

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

Client Date of Birth: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Health Insurance Member ID#: \_\_\_\_\_

Health Insurance Group Number: \_\_\_\_\_

Are you the holder of the health insurance policy: YES or NO (Circle One) If **YES**, name of your Employer: \_\_\_\_\_

If **NO**: Name of Policy Holder: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

Policy Holder Address: \_\_\_\_\_

Policy Holder Phone Number: \_\_\_\_\_