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Christian Psychological Services

## **INSURANCE INFORMATION**

Please fill out this insurance form and bring it to your first therapy session along with a copy of your insurance card. This will make filing your insurance possible. Please print legibly!

### **INSURANCE INFORMATION:**

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Subscriber's Name: \_\_\_\_\_ Subscriber's Birth Date: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_

### **INSURANCE COMPANY:**

Name: \_\_\_\_\_  
Policy/ID#: \_\_\_\_\_ Group ID#: \_\_\_\_\_

### **MENTAL HEALTH BENEFITS:**

Deductible \$: \_\_\_\_\_ Amount Met \$: \_\_\_\_\_  
Co-pay \$: \_\_\_\_\_