



INSURANCE INFORMATION

Client's Name: _____ DOB: _____

Name of Policyholder: _____ DOB: _____

Phone Number: _____

Relationship to Client: _____

Policyholder Address: _____

Name of Insurance Carrier: _____

Phone Number: _____

Member ID: _____ Group #: _____

Group Plan Name: _____

Claims Billing Address: _____

Pinpoint+ Skills Lab, LLC has permission to contact my insurance carrier named above to discuss my coverage and services provided.

Print name

Signature

Date

Office Use Only

Dx code: