



Willow Creek Counseling Center, LLC

859-554-0740

1050 Chinese Rd. Suite 203 Lexington, KY 40502

Insurance Information

Primary Insurance Company: _____
Subscriber ID # (including letters): _____
Group Number: _____

Secondary Insurance Company: _____
Subscriber ID # (including letters): _____
Group Number: _____

Insurance Policyholder Full Name: _____
Insurance Policyholder Date of Birth: _____
Insurance Policyholder Address: _____
Insurance Policyholder Relationship: Self Spouse Child Other
Insurance Policyholder Social Security Number: _____
Insurance Policyholder Sex: M F

Patient Authorization

I authorize the release of any medical and insurance information necessary to process any claim.

Patient Signature: _____ Date: _____
Guardian Signature (if minor): _____ Date: _____
Patient Full Name: _____