Meena Rao, LCSW
123 NW 13th Street, Suite 214-03
Boca Raton, FL 33432
561-866-9522

Insurance Verification Form

Date:_____

Client Name:_____D.O.B._____

Insured's Name:_____Relation:_____

Address:_____Phone:_____

_____

Insurance Company:_____

Billing Address:_____Phone:_____

_____

Employer:_____

Member I.D. #:_____Effective Date:_____

# of Sessions:_____Deductible:_____

Teletherapy coverage: Yes/No

Co-pay_____

Authorization Needed: Yes/No

NOTES: