

LAKEWOOD COUNSELING and Career Center

6607 18th Avenue S. Suite 101 Richfield, MN 55423 612.798.7373 Fax 612.243.3615

lakewoodcounseling.com

CLIENT INFORMATION FORM

(Please print clearly)

Date: _____ Therapist: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____ (C) _____
(Please, only provide if we have your permission to use)

How did you hear about Lakewood Counseling: _____

Billing Information:

Responsible Party: _____ Relationship to Client: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Information:

Insurance Company: _____

Mailing Address: _____

Name of Policy Holder: _____ D.O.B: _____ SS#: _____

Relationship to Client: _____ Employer: _____

Insured's ID Number: _____ Group/Policy Number: _____

Insured's or Authorized Person's Signature: _____

Please note that Lakewood Counseling and Career Center is an "Out of Network Provider". We will electronically bill the insurance company that you provide. Any insurance payments or denials are ultimately your responsibility to track. Any questions on insurance coverage or payments should be directed to your insurance company.