



Tiffany Smith Counseling, Inc.

2901 Corporate Circle
Flower Mound, TX 7502
(214) 405-4030
tiffanysmithcounseling@yahoo.com

Insurance Information

Patient's Name: First _____ Last _____ MI _____

Patient's Address _____

Patient's Birth Date _____ Patient's SSN: _____

Primary Insurance

Insured is: Self ___ Spouse ___ Child ___ Parent ___ Other ___

Insured's Name: First _____ Last _____ MI _____

Insured's Address _____

Insured's Birth Date _____ Insured's SSN: _____

Insurance Company _____

Policy Number _____ Group Number _____

Insurance Address _____

Insurance Phone Number _____

Name of Employer: _____

Address: _____

Telephone: _____

Occupation: _____

Secondary Insurance

Insured is: Self ___ Spouse ___ Child ___ Other ___

Insured's Name: First _____ Last _____ MI _____

Insured's Birth Date _____ Insured's SSN: _____

Insurance Company _____

Policy Number _____ Group Number _____

Insurance Address _____

Insurance Phone Number _____

Name of Employer: _____

Address: _____

Telephone: _____

Occupation: _____

**PLEASE BRING YOUR INSURANCE CARD WITH YOU TO YOUR
FIRST SESSION**