



Providing Counseling, Consultation, and Assessment
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Health Insurance Information Form

Client Name

Name of Parent (For client under age 18)

Name of Insurance Company

Member ID #

Address of Cardholder (Street address, city, state, zip code)

Client Date of Birth

Phone Number

Do you have a deductible?

Yes No

What is your deductible amount?

Co-Pay Amount (If applicable)

Number of sessions covered
