



**WILD ACRES COUNSELING
CLIENT INSURANCE VERIFICATION FORM**

As a potential new client, you are responsible for contacting your health insurance company to confirm the details of your coverage. Wild Acres Counseling is available to offer support and assistance in this process, as it can be confusing.

Please complete this verification form, and email it back to your therapist. This form is required before we can schedule our first meeting. Please note this process may take several days. Wild Acres Counseling will provide the most accurate information possible and will provide an estimate; all clients are responsible to verify their benefits in an effort to avoid unexpected bills.

Today's Date: _____

Your name _____

Address _____

DOB: _____

Insured Name: _____ = Insured's Employer: _____ =

Insured's Address (if different): _____

Insured's DOB: _____

Home Phone: _____ = Work Phone: _____ Cell Phone: _____ =

Insurance Company: _____

Member ID# _____ = Group # _____

Insurance customer service phone # _____