

Lakewood Counseling and Career Center

6607 18th Avenue South • Suite 101 • Richfield, MN 55423 • 612-798-7373 • Fax 612-243-3615

CLIENT INFORMATION SHEET

Date _____ Therapist _____

Name _____ Date of Birth _____ SS# _____

Address _____

City _____ State _____ Zip _____

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 _____

Insurance Information

BLUE CROSS BLUE SHIELD and PREFERRED ONE CLIENTS ONLY

Insurance Company _____

Policy Holder _____ D.O.B. _____ SS# _____

Relationship to Client _____ Employer _____

ID Number _____ Group Number _____

Please Note: As an "Out of Network Provider" Lakewood Counseling does not automatically submit insurance claims for our clients, unless the provider requires automated filing or other special circumstances exist which require us to do so. At your request, your therapist will provide you with a Health Insurance Claim Form (HICFA) at the time of service that you can submit to your insurance company for reimbursement.