

MEDICAL ASSISTANCE, PAC, & OTHER QUALIFYING INSURANCE:

11-DIGIT MA NUMBER (OR PAC NUMBER): _____ BIRTH YEAR: _____

NAME EXACTLY AS ON CARD: _____

DO YOU ALSO HAVE MEDICARE? YES | NO

DO YOU HAVE 3RD PARTY INSURANCE? YES | NO

****PLEASE PROVIDE A PHOTOCOPY OF YOUR CARD OR PRESENT IT FOR PHOTOCOPYING****

I certify that the information given is accurate to the best of my knowledge. I understand that I am financially responsible to Michael Reeder (TA Hygeia Counseling Services) for services rendered. I understand that payment is due at time of service unless prior arrangements have been made, and that services may be discontinued if payment is not made.

Client Signature

Date