

Client Information

Full Name

Date of Birth

Phone Number

Email

Insurance Information

Insurance Company

Member ID

Group Number

Primary Insured Name

Relationship to Client

Primary Insured Date of Birth

Insurance Phone # (Provider)

Nutrition Counseling Coverage

Is Nutrition Counseling Covered?

Number of Visits Allowed

Authorization Required?

Copay/Coinsurance

Deductible

Notes

Verification Details

Date Verified

Spoke With

Additional Notes