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Stonebriar Counseling Associates

New Client Insurance Form



As a health care provider our office understands that you as a patient have many choices in providers and we are pleased that you have selected our office for your healthcare needs.

If applicable, we need your insurance information for your account:

Patient Plan Name

Patient Primary Plan Name

Patient Primary Billing Address

Patient Policy/ID Number

Patient Group Number

Date of Birth

Contact Number

Please submit this information *on the following form* and if there are any questions please call the office at 972-943-0400.

Prior to the time of your office visit please understand that all responsibility for providing the information asked above is the patient's. A copy of your insurance and identification card is expected at the time of visit. All co-payments and estimated patient balances are due at patient's session.

If a patient balance should occur after insurance billing, a patient statement will be sent. Please pay any balances received by patient statement within 15 days to keep your account in good standing. If you should have any questions please feel free to discuss it with Jennifer. We are here to help you in this process.

Please take the time beforehand to fill out the required forms on the website page titled "forms". The direct link is <http://www.stonebriarca.com/forms.htm>.

For specific information about insurance plans and our practice's participation please call our office to discuss your needs.

Thank you for choosing *Stonebriar Counseling Associates*.

