Tamela S. Dreyer, LCSW
Licensed Clinical Social Worker CA# LCSW-25090
3737 Camino del Rio South, Suite #302
San Diego, CA 92108
Tele: 619.368.2122
Fax: 619-516-3594

INSURANCE VERIFICATION

Information requested assists in verifying your insurance benefits and coverage. Please provide *all requested information* at least 24-business hours prior to your appointment. Please note you will be responsible for fees at the time of service. **Please submit information at least 24-business hours before your first appointment to: info@tdtherapy.com**

Client Name: _____

Client Telephone Number: _____

Are you the Primary Insured person? *YES/ NO*
If you answered NO, what is the name of the primary insured?
_____

What is your relationship to the insured? Spouse/child/other: _____
Employer of Primary Insured:
_____

Insurance Company:_____

Customer Service #: _____

Mental Health #:_____

Policy#:_____

Group#:_____

Subscriber date of birth (DOB):_____

Your DOB (if not subscriber): _____

Client Address:_____

_____
Thank you!

For Office use
Effective Date: _____Pre-existing Condition? _____ Deductible Met? YES/ NO Yearly Max:$_____
Client co-payment:$_____
Authorization Required? YES/ NO Authorization #:_____
No. of Visits Approved:_____ No. of Visits/Yr:_____
Claims Address:_____