**INTERNATIONAL CONSULTING CENTER, PLLC**

Behavioral Health Services

828 25th Street N.W. 1765 Greensboro Station Place

 Tower II 9th Floor

 Washington, DC 20037 McLean, VA 22102

Phone: 202-787-3843/ 703-255-1600

**INSURANCE DATA SHEET** Date: Appointment Day

|  |
| --- |
| Name: First Name Last Name  |
| Date of Birth: MM/DD/YY | Social Security Number (last 4 digits):#### |
| Address: Address  |
| City: City  | State: Select State  | Zip Code: ZIP |
| Cellphone: Cellphone #  | Office/Home Phone (home):Phone Home  |
| e-mail: e-mail  |
| Name/Phone (emergency contact): Name of Contact and Phone Number |
| Name of employer: Name of employeer  |
| Occupation: Occupation  |

|  |
| --- |
| Name of Insurance Company: Name of Insurance Company  |
| ID: ID Number  | Group: Group  |
| Patient relationship to Insured: |

|  |
| --- |
| EAP Name: WP/EAP/Anthem/Aetna ….  |
| Authorization Number: Auth #  |

|  |
| --- |
| Name of other members of household |
| Name: Name  | DoB: MM/DD/YY | Relationship: Relationship |
| Name: Name  | DoB: MM/DD/YY | Relationship: Relationship |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_