



# Insurance Form

Lifeskills Center, Ltd | Susan White, LCSW  
800 Main Street, #11 Lower Level, Antioch, IL 60002

Client Name:

DOB:

Gender:

Billing Address:

Marital Status:

Social Security #:

Email:

OK to send correspondence/statements?

Name of Legal Guardian (If Minor):

Phone:

OK to call?

Employer Name:

Employer City:

## Copy of Insurance Card (front & back)

Please read the following carefully and sign below:

I give permission to Susan White, LCSW and billing staff to send required information to my insurance company or my EAP. I am aware that I am placing my signature on file. I also understand that any unpaid balance such as co-pays, deductibles, and non-covered services I will be responsible for. I understand there may be a fee if I fail to give notice for cancellation of my appointment. I understand that my insurance or EAP does not cover the cost of missed sessions.

Signed:

Date: