Client Form for Insurance Reimbursement

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* Required

1. **Client Name:** *

2. **Name of Insured (if different from Client):**

3. **Address:** *

4. **Phone # (Home and Work):** *

5. **Insurance Carrier:** *

6. **Claim number:**

7. **Policy number:**

8. **Group number:**

9. **Additional MFT Therapy Details To Be Filled Out By Teresa Stachowiak:**
   Check all that apply.
   - [ ] CPT Code:
   - [ ] MFR therapy/massage notes:
   - [ ] Diagnostic Code: Please See Attached Doctor's Prescription