MELISSA LESTER OLSON, LCSW
A Women's Therapy and Counseling Practice

621 North Avenue NE
Building E
Atlanta, GA 30308

770 313 7768
Melissa@MelissaLesterOlson.com
www.melissalesterolson.com

Insurance Information

CLIENT INFORMATION

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Cell phone _____ Alt phone _____

Date of Birth _____ Social Security No. _____

Occupation _____ Work phone _____

Employer _____ Email _____

Emergency Contact _____ Phone _____

PRIMARY INSURANCE

Company Name _____ Phone _____

Policy No. _____ Group No. _____

Policy Holder Name _____ Policy Holder DOB _____

Policy Holder's SSN _____

SECONDARY INSURANCE

Company Name _____ Phone _____

Policy No. _____ Group No. _____

Policy Holder Name _____ Policy Holder DOB _____

Policy Holder's SSN _____

FOR BILLING STAFF ONLY

Date _____ Spoke with _____ Phone _____

Deductible Amt: $_____ Deductible Met? $_____ Max Visits/Max Payable Per Year _____

Effective Date _____ Co pay Per Visit: $_____ Coinsurance Per Visit _____

Out of Pocket Max Per Year _____ Exclusions to policy _____

Authorization # _____ # Sessions _____ From _____ To _____