

THUNDERSTORM THERAPY

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INSURANCE INFORMATION

Please complete this form so we can verify your coverage before your first session. Current accepted insurances: Aetna, Blue Cross Blue Shield, UnitedHealthcare/UBH.

CLIENT INFORMATION

Client Name (First,
Last)

Date of Birth

Social Security
Number (last 4)

Address

City

State / ZIP

Phone

Email

PRIMARY INSURANCE

Insurance
Company Name

Member ID / Policy
Number

Group Number

Insurance Phone
Number (on back of
card)

Policyholder Name
(if different from
client)

Policyholder Date
of Birth

Relationship to
Client

SECONDARY INSURANCE (if applicable)

Insurance
Company Name

Member ID / Policy
Number

Group Number

AUTHORIZATION

I authorize Thunderstorm Therapy to verify my insurance benefits and submit claims on my behalf. I understand that I am ultimately responsible for any amounts not covered by my insurance.

Printed Name

Client/Guardian
Signature

Date
