



...Healing Spirit, Soul and Body”

A Pastoral Approach

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Client Insurance Form

Client:

Name _____

Address _____

Phone _____

Social Security Number _____

Relationship to Insured _____

Insured:

Name _____

Address _____

Phone _____

Social Security Number _____

Carrier:

Name _____

Address (For Mental Health Claims) _____

Phone _____

ID# _____

Group Policy # _____

I authorize release of any medical or other information necessary to process this claim to my above-named Insurance company. I also authorize payment of medical benefits from the above-named company to Bruce Heany.

Signature _____

Date _____