

Mindy Haber LCSW-R, CASAC

11 Marshall Road

Wappingers Falls, NY 12590

Patient Information Sheet

Today's Date: _____ Provider Appointment Date: _____

CLIENT: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CELL PHONE: _____ WORK PHONE: _____

HOME
PHONE: _____ BIRTHDATE: _____

EMAIL ADDRESS: _____

INSURANCE COMPANY:

INSURED NAME: _____ BIRTH DATE: _____

INSURED POLICY#: _____ GROUP#: _____

INSURED SS#: _____ INSURANCE PHONE NUMBER _____

SECONDARY INSURANCE YES ___ NO ___ COMPANY: _____

INSURED NAME: _____ POLICY#: _____

Authorization# _____ Referral: _____

Dates: _____ Deductable: _____

Visits: _____ Copay: _____

Claims to go: