WEISSER WELLNESS
1210 Dry Hollow Road, Suite 6 • The Dalles, OR 97058 • 541-340-4076 (P) • 888-526-0535 (F)

Insurance Information

Please fill out the following with information for all insurers and provide insurance card(s):

PRIMARY INSURANCE
INSURANCE PROVIDER: _____

PRIMARY SUBSCRIBER OF POLICY: _____ DOB: _____ SS #: _____

ID #: _____ GRP #: _____ CO-PAY: _____

RELATIONSHIP TO PATIENT: SELF: _____ SPOUSE: _____CHILD: _____ OTHER: _____

EMPLOYER NAME: _____

INSURANCE PHONE NO: _____

PRE AUTHORIZATION REQUIRED: YES: _____ NO: _____

SECONDARY INSURANCE
INSURANCE PROVIDER: _____

PRIMARY SUBSCRIBER OF POLICY: _____ DOB: _____ SS #: _____

ID #: _____ GRP #: _____ CO-PAY: _____

RELATIONSHIP TO PATIENT: SELF: _____ SPOUSE: _____CHILD: _____ OTHER: _____

EMPLOYER NAME: _____

INSURANCE PHONE NO: _____

PRE AUTHORIZATION REQUIRED: YES: _____ NO: _____

WEISSER WELLNESS LLC and Rachel Weisser, LCSW have permission to bill my insurance(s).
I authorize here to release any information necessary to process my claims.
I further authorize that my insurance benefits be paid directly to WEISSER WELLNESS LLC.

Client Signature_____ Date_____