



INNOVATIVE THERAPY SERVICES
"nurturing growth & change"

3939 West Ridge Rd. Suite B-45
Erie, PA 16506
Tel: 814-240-1011
Fax: 814-240-1048

Insurance Information Form:

PRIMARY INSURANCE

Client Name: _____ DOB: _____

SS# _____

Insurance Name: _____

Insurance Phone #: _____

ID # _____

Group # _____

POLICY HOLDER'S INFORMATION

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Phone Number: _____

Employer: _____

Policy Holder's:

SS#: _____

DOB: _____

Gender: _____

Client's Relationship to Policy Holder: _____