

**PHILLIP KIEHL, M.S., M.DIV.**

*Licensed Marriage & Family Therapist*

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**CONTACT INFORMATION & INSURANCE FORM**

We would also like for you to bring this form to your first appointment so we can have the correct phone number and contact information. If you would like to use your Health Insurance to offset our professional fee's, please Xerox your insurance card both front and back so I can submit a claim to your insurance company. Thanks.

**CLIENT INFORMATION**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship Status:     Married             Separated             Single     Divorced

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Can we leave a message? \_\_\_\_\_

E Mail Address: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Member ID No: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Type: \_\_\_\_\_ HMO \_\_\_\_\_ PPO Do you know what your mental health benefits are? \_\_\_\_\_

If not, and you do want to use your insurance to help pay for services, please contact them prior to your first appointment and learn what are your outpatient mental health benefits.

Do you want me to contact your insurance company and file the claims on your behalf? \_\_\_\_\_

Thank You.

Phillip Kiehl