

*Tamela S. Dreyer, LCSW*  
Licensed Clinical Social Worker CA LCS 25090  
8950 Villa La Jolla Drive, Suite A220  
La Jolla, CA 92037  
Tele: 619.368.2122

## INSURANCE VERIFICATION

Information requested assists in verifying your insurance benefits and coverage. Please provide *all requested information* at least 24-business hours prior to your appointment. Please note you will be responsible for fees at the time of service. **Please submit information at least 24-business hours before your first appointment to: info@tdtherapy.com**

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

Client Telephone Number: \_\_\_\_\_

Are you the Primary Insured person? YES/ NO  
If you answered NO, what is the name of the primary insured?

\_\_\_\_\_

What is your relationship to the insured? Spouse/child/other: \_\_\_\_\_  
Employer of Primary Insured:

\_\_\_\_\_

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

Customer Service #: \_\_\_\_\_

Mental Health #: \_\_\_\_\_

Policy#: \_\_\_\_\_

Group#: \_\_\_\_\_

Subscriber date of birth (DOB): \_\_\_\_\_

Your DOB (if not subscriber): \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_

*Thank you!*

---

### **For Office use**

Effective Date: \_\_\_\_\_ Pre-existing Condition? \_\_\_\_\_ Deductible Met? YES/ NO Yearly Max:\$ \_\_\_\_\_

Client co-payment:\$ \_\_\_\_\_

Authorization Required? YES/ NO Authorization #: \_\_\_\_\_

No. of Visits Approved: \_\_\_\_\_ No. of Visits/Yr: \_\_\_\_\_

Claims Address: \_\_\_\_\_