

Insurance Name _____
Address _____
City _____
State Zip _____
OR IF FAXED, FAX # _____

Optional (but recommended): Insurance card copy here.
Simplify! Save time & fill out this form once!
*1. Fill in the form completely below.
2. Tape copy of your insurance card here.
3. Make copies of this page. Place extra copies in manilla folder.
4. Keep 'master copy' available in case you run out of copies.
5. Each time you have a session, attach your receipt to a copy of this form (& make a copy of the form with your receipt for your files.)
6. Pre-address several envelopes (or peel-off labels) to your insurance company. Put those envelopes & these form in an easily accessible file so it's easy to mail claims immediately, speed reimbursement & keep central file for easy reference on what has and hasn't been reimbursed).*

I (we) obtained counseling services from Clifton Fuller, LCSW, LMFT, LPC, 15303 Huebner Rd, #10, San Antonio, TX 78248. Ph: 210-404-9001, NPI #1831202613.
Services were out-patient services at his offices.

SERVICES PAID AT TIME OF SESSION (SEE INVOICE BELOW). REIMBURSEMENT DIRECTLY TO INDICATED PERSON BELOW.

Insured's Name: _____ DOB: _____
Daytime Phone #: () _____ Today's Date: _____
Client Name: _____ DOB: _____
Policy ID #: _____ Group #: _____
Employer of Insured: _____
Address (Street) : _____
City: _____ State: _____ Zip: _____
If you have any questions, please contact (policy holder, spouse, etc.) at:
Name: _____
At (telephone #): () _____ or () _____
Insured/Client SIGNATURE: _____

ATTACH Receipt from Mr. Fuller's office HERE

Before mailing this page/invoice to your insurance carrier, make a copy of this entire page for your files and future reference

IF you fax the this information, be sure to keep a 'fax verification receipt' of the time/date/phone the fax was sent. That receipt might be important at a later date to confirm when you sent the fax.