



Georg Associates
Lola Georg, MS
Licensed Professional Counselor

LolaGeorgLPC@gmail.com
484-324-8370 (phone or text)

Insurance Information

Client Name: _____

Gender: _____ Martial Status _____

Street Address: _____

City, State, Zip: _____

Date of birth: _____ Social Security: _____

Insurance ID# (with letters) _____

Phone # of Provider Services & Mental Health (back of card) _____

Name of Insured (subscriber, if other than client) _____

Insured's Street Address: _____

Insured's City, Sate, Zip: _____

Insured Date of Birth: _____ Social Security: _____

Insured's Gender: _____ Client's relationship to insured: _____

I authorize the release of any information necessary to verify and process insurance claims. I fully understand that I am responsible for all charges not covered by my insurance carrier. I am aware that an agent of my insurance company, third-party payer, and insurance administrator may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I authorize payment directly to Georg Associates.

I authorize the use of this signature on all my insurance submissions.

Signature of Client: _____ Date: _____