Rhonda “Roni” Lanier, M.S., LPC, CDCI

4400 Business Park Blvd.

Building B, Suite #11

Anchorage, AK 99503

(907) 223-4374

**Insurance Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client’s Name  Last: First: MI: | | | Client’s DOB: | | | | Client ID: |
| **Primary Insurance Company:** | | | | Insurance Phone:  ( ) - Ext: | | | |
| Claims Address: | | | | | | | |
| Insurance ID Number: | Insurance Group Number: | | | | Effective Date: | | |
| Client’s relationship to Policyholder: | | | | | | | |
| Policyholder’s Name  Last: First: MI: | | Policyholder’s DOB: | | | | Policyholder’s Gender: Female Male | |
| Policyholder’s SSN: | | Policyholder’s Phone Number:  ( ) - | | | | | |
| Policyholder’s Employer: | | | | | | | |
|  | | | | | | | |
| **Secondary Insurance Company:** | | | | Insurance Phone:  ( ) - Ext: | | | |
| Claims Address: | | | | | | | |
| Insurance ID Number: | Insurance Group Number: | | | | Effective Date: | | |
| Client’s relationship to Policyholder: | | | | | | | |
| Policyholder’s Name  Last: First: MI: | | Policyholder’s DOB: | | | | Policyholder’s Gender: Female Male | |
| Policyholder’s SSN: | | Policyholder’s Phone Number:  ( ) - | | | | | |
| Policyholder’s Employer: | | | | | | | |

The above information is true and complete to the best of my knowledge. I authorize my insurance benefits to be paid directly to Arctic Owl Counseling, LLC/Rhonda Lanier M.S., LPC, CDC I. I understand that I am responsible for any balance not covered by insurance. I also authorize Arctic Owl Counseling, LLC/ Rhonda Lanier M.S., LPC, CDC I, or the above-identified companies to release any information required to process my claims.

Patient/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_