



### **PRIMARY INSURANCE INFORMATION**

Client's Name: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's Address: \_\_\_\_\_

Subscriber's Relationship to Client: \_\_\_\_\_

### **SECONDARY INSURANCE INFORMATION (if applicable)**

Secondary Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Client's Signature Authorizing Payment for Counseling Services to Gregory Moss, LCSW**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **NOTICE OF PRIVACY PRACTICES**

#### **Receipt and Acknowledgment of Notice**

I hereby acknowledge that I have received or have been given the opportunity to read a copy of North Main Counseling's Notice of Privacy Practices.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_