



INSURANCE INFORMATION FORM

Your card will be charged within the 48 hours following the time of service. Please complete all fields below. Signature of this form authorizes Main Street Counseling to communicate with and share client information with Blue Cross Blue Shield. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Insurance Information	
Insurance Type::	<input type="checkbox"/> Blue Cross Blue Shield
Policy Holder Name:	_____
Relationship to Client:	_____
Insured ID Number:	_____
Group Number:	_____
Client's Birthdate:	_____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Client Signature (age 12 & above)

Date

Legal Guardian Signature

Date