Change of Insurance Form

Village Counseling Center
New Hope for a better life

1240 Bamberg Ct., Ste. 3A, Hanover Park, IL 60133 • 460 Briargate Dr., Ste. 700, S. Elgin, IL 60177 • 1211 Sycamore Rd., DeKalb, IL 60115

Client Information *(Please Print)*

Client's Name: _____ Client's Date of Birth: _____/_____/_____

Address: _____City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

May we leave a message? Y N May we leave a message? Y N

SS#: _____ Marital Status: Single Married Widowed Divorced Other (circle one)

Email Address: _____

Client's Employer / School: _____ Work Phone: _____

Policy Holder Information *(If different from the client.)*

Name: _____ Relationship to Client: _____

Address: _____City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

May we leave a message? Y N May we leave a message? Y N

Date of Birth: _____/_____/_____ SS#: _____ Occupation: _____

Employer: _____ Work Phone: _____

E-mail Address: _____

Insurance Information *(Please Print)*

Insurance Company: _____

Policy Effective Date: _____ Phone: _____

Member ID#: _____ Group#: _____

Insurance Co Address: _____City: _____ State: _____ Zip: _____

Insurance Co. Phone: _____ May we leave a message? Y N

Date of Birth: _____/_____/_____ SS#: _____ Occupation: _____

Permission for Use of Insurance

I attest that I, and/or my dependent(s), have insurance coverage with _____ and I give permission for VCC Counseling, Inc. to bill my insurance and obtain any information needed applicable for my treatment. I understand that I am financially responsible for any charges not covered by my insurance. This shall serve as my signature for documentation related to my treatment. This consent is valid throughout the length of my treatment.

Signature of Client: _____ Date: _____

Signature of Parent or Guardian (if applicable): _____ Date: _____