



Veronica Lichtenstein LMHC
LET'S TALK ABOUT IT

NAME _____ DOB _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____ CELL PHONE _____

REASON FOR VISIT _____

INSURANCE

SELF PAY

STUDENT POLICY

INSURANCE CO _____ INS. PHONE _____

MEMBER/SUBSCRIBER ID# _____ GROUP _____

PRIMARY INSURED NAME _____ DOB _____

METHOD OF PAYMENT

VISA

MASTERCARD

DISCOVER

NAME AS IT APPEARS ON CARD _____

CREDIT CARD # _____ EX DATE _____