

# Jennifer S. Battaglino, LCSW

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178 Myrtle Blvd., Suite 107, Larchmont, New York 10538  
(914) 315-4044 / Fax (914) 315-8266

## Mental Health Insurance Information

Insured's Name (Circle Same if primary holder is client) SAME

\_\_\_\_\_

Insured's Address (if different from client):

Street \_\_\_\_\_

Town/City \_\_\_\_\_ State/Zip \_\_\_\_\_

DOB \_\_\_\_\_

Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_

Plan Name \_\_\_\_\_

ID # \_\_\_\_\_

Group # \_\_\_\_\_

I authorize the use of my healthcare coverage information to Jennifer Battaglino and its agents to determine these benefits or benefits payable for related services and any information necessary to process this claim.

DATE \_\_\_\_\_

Client Signature \_\_\_\_\_

Print Name of Client \_\_\_\_\_