

INSURANCE INFORMATION
Thurman Psychological LLC
402-715-4321 (Phone)
402-715-4343 (Fax)
www.thurmanpsychological.com

**6818 Grover Street, Suite 305
 Omaha NE 68106**

**300 W Broadway, Suite 3
 Council Bluffs, IA 51503**

PRIMARY INSURANCE:

Insurance Company:	
Policy #:	
Group #:	
Policy Holder:	
Relationship to patient: please circle	Self Spouse Child Other
Policy Holder's Date of Birth:	
Policy Holder's Social Security #:	
Policy Holder's Employer:	

SECONDARY INSURANCE:

Insurance Company:	
Policy #:	
Group #:	
Policy Holder:	
Relationship to patient: please circle	Self Spouse Child Other
Policy Holder's Date of Birth:	
Policy Holder's Social Security #:	
Policy Holder's Employer:	

Name of Person Responsible for Payment: (please print) _____

Signature of Person Responsible: _____

Missed appointments or cancellations less than 24 hours prior to the appointment may be subject to a minimum fee of \$150.00 for ongoing therapy clients. Your initials here confirm you are aware of this policy. _____