

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

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

**421 W Broadway, Suite 305**  
**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.** \_\_\_\_\_