



1. Download form to your computer desktop.
2. Open form with Adobe Reader, available at <https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html>
3. Save form after filling in the fields.
4. Return form via OnPatient

CLIENT AND INSURED (POLICY/ CARD HOLDER) INFORMATION

PLEASE FILL OUT THIS FORM COMPLETELY IN ORDER THAT WE MAY BILL YOUR INSURANCE COMPANY FOR YOUR SERVICES

CLIENT

POLICY/ CARD HOLDER

Name: _____

Name: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Client's relationship to policy/cardholder: Child Spouse Self Other: _____

Policy/Card Holder ID #: _____ Group #: _____

Medicaid/ Medicaid Managed Care # _____

If you do not have access to a digital signature, please check the box as an indication that you have read and understand this document.

POLICY/ CARD HOLDER SIGNATURE: _____ **DATE:** _____

(If Medicaid Guarantor Must Sign)

Check Box To Sign

I request that payment of authorized Medicare and/or other health insurance benefits be made on my behalf to the University Of Virginia, Sheila C. Johnson Center (Center for Clinical I Psychology Service/ Speech-Language Hearing Center) for services furnished to me by their clinicians. I authorize the Sheila C. Johnson Center (Center for Clinical I Psychology Service/ Speech-Language Hearing Center) to release any information needed to determine these benefits or the benefits payable for related services to insurance carriers.

DO NOT COMPLETE IF WE HAVE A COPY (Front & Back) OF YOUR INSURANCE CARD

Insurance Company: _____

Insurance Company Provider Telephone Number (on back of insurance card): _____

Insurance Company Provider Address: _____

*****PLEASE ALLOW US TO COPY YOUR INSURANCE CARD FOR OUR RECORDS*****

The University of Virginia does not discriminate on the basis of age, color, disability, gender identity, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information, in its programs and activities. Complaints of discrimination, harassment, and retaliation may be directed to the University of Virginia Office for Equal Opportunity and Civil Rights at UVaEOCR@virginia.edu.