

Linda Rasmussen, LCSW
Pioneer Peak Mental Health
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Client Primary Insurance Information

Patient Name		Patient Date of Birth		Marital Status (Please Circle one) Married Single Other		Gender			
Patient Physical Address			Patient Mailing Address			Patient Phone Number			
						Email address (if you chose to correspond this way)			
Primary Insurance Company			Primary Insurance Address			Insurance Company Phone Number			
Insurance Policy Number			Insurance Group Number (if Any)			Insured SSN			
Deductible Amount		Has Deductible been met? Yes No		Is there a Co-pay? Yes No		Co-pay amount		Relationship to Patient	
Insured's Name (Last, First, MI)				Insured's DOB		Insured's Employer			

SECONDARY Insurance Information

Patient Name		Patient Date of Birth		Marital Status (Please Circle one) Married Single Other		Gender			
Patient Physical Address			Patient Mailing Address			Patient Phone Number			
						Email address (if you chose to correspond this way)			
SECONDARY Insurance Company			SECONDARY Insurance Address			Insurance Company Phone Number			
Insurance Policy Number			Insurance Group Number (if Any)			Insured SSN			
Deductible Amount		Has Deductible been met? Yes No		Is there a Co-pay? Yes No		Co-pay amount		Relationship to Patient	
Insured's Name (Last, First, MI)				Insured's DOB		Insured's Employer			