KARI A. BECKMAN, Ph.D.
1621 114th Ave SE, Suite 210
Bellevue, WA 98004
425.455.2888

INSURANCE INFORMATION

Name of Subscriber: _____ Date of Birth: _____

Social Security Number of Subscriber: _____

Driver's License Number: _____

Occupation: _____ Employer: _____

Primary Insurance Company: _____

Member Number: _____ Group Number: _____

Secondary Insurance Company:_____

Name of Subscriber: _____

Member Number: _____ Group Number: _____

If Applicable, Labor and Industrics Claim Number: _____

Date of Injury: _____

I hereby authorize my insurance benefits be paid directly to Dr. Beckman. I also authorize Dr. Beckman to release any information required to process this claim or to obtain authorization for services. I understand that my record may contain information regarding drug/alcohol abuse, sexually transmitted diseases, treatment of HIV, mental illness and/or psychiatric treatment. I give my specific authorization for these records to be released to any person or corporation which is or may be liable under a contract with Dr. Beckman or the patient.

Date: _____ Patient Signature: _____

Witness Signature: _____