

Grace E. Sidberry, Ph.D.
Licensed Psychologist
300 South Pine Island Road, Suite 256 | Plantation, FL 33324
Ph (954) 382-4889 | Fax (954) 382-4884

INSURANCE INFORMATION

Insurance Company: _____ ID# _____ Group# _____

Name of Insured: _____ SSN of Insured: _____ D.O.B. of Insured: _____

Employer of Insured: _____

Patient's relationship to Insured: Self Spouse Child Other

Secondary Insurance? Yes No

Insurance Company: _____ ID# _____ Group# _____

Name of Insured: _____ SSN of Insured: _____ D.O.B. of Insured: _____

Employer of Insured: _____

I authorize the release of any psychological information to necessary to process my claims to: _____
Insurance Company

I request payment of benefits to be made to Dr. Sidberry. I also request that the signature below be placed on file to process future claims.

Client Name

Date

Client Signature or Signature of Responsible
Party if Client is a Minor