Karen M. Buckley, LLC
2608 Pacific Ave SE Suite C
Olympia, WA 98501
360-556-0201
kayinwa@comcast.net

Please contact your insurance prior to your appointment. You are required to verify your benefits in advance. Please complete this form and submit it prior to your appointment.

Your full Legal Name:_____

Date of Birth:_____

Address:_____

Phone number: _____

If you are not the primary on the insurance please note who is below:

Primary on Insurance: _____

Date of Birth:_____

Insurance information

Insurance company name:_____

Insurance Policy or ID number:_____

Insurance group number:_____

Insurance phone number:_____

Benefit Information

Number of approved visits _____

Do you have a deductible? **Y** or **N**

If yes, what is it and how much has been met? _____ Amount met:_____

Do you have a co-pay? **Y** or **N** If yes, how much is it? _____

Do you need a referral for counseling? **Y** or **N** If yes, you are responsible for obtaining that.

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