



## Louisa Psychological Consulting, P.C.

Office location:  
115 Jefferson Hwy  
Louisa, VA 23093

Mailing address:  
P.O. Box 2189  
Louisa, VA 23093

FAX: 540-967-2648  
Phone: 540-223-0837  
psych4kids@ntelos.net

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Insurance telephone #: \_\_\_\_\_

Is this the only insurance this client has?      YES      NO

If not, please include second insurance information.

I authorize the release of any medical or other information necessary to process claims for myself and/or my child with my insurance company(ies).

I authorize payment of benefits to the provider listed below:

Aleta E. Strickland  
Licensed School Psychologist  
Louisa Psychological Consulting, P.C.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_