



## Watershed Wellness, LLC

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Wilmington, DE 19808

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Phone: (302) 476-0765

### **INSURANCE INFORMATION FORM**

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Member ID# \_\_\_\_\_

Group# \_\_\_\_\_ Member Services Phone # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone Number of Policy Holder \_\_\_\_\_ Relationship to client \_\_\_\_\_

Address of Policy Holder: (if different than client address) \_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION TO BILL INSURANCE:** Patient or Authorized person's signature: I authorize Watershed Wellness, LLC to submit claims on my behalf. I authorize the release of any medical or other information necessary to process my claims.

Signed \_\_\_\_\_ Date \_\_\_\_\_