Please email me back today with this information:

Patient's first and last name, as listed with the insurance company and EAP:

Patient's date of birth:

Patient's complete address, including city and zip:

Phone numbers:

Email address:

Insurance company name:

Toll-free phone number for providers (please provide the mental/behavioral health services number, if one is listed separately):

The name, address and date of birth of the insured, if someone other than the patient:

The subscriber ID:

The group number:

The subscriber's employer:

Was your insurance provided by your employer?

If not, did you independently purchase your insurance through the health insurance marketplace or through an insurance exchange?

If so, are you up to date with the premiums?

Are you currently involved in any kind of litigation?

Are you currently on disability, FMLA, or Worker's Compensation, or seeking benefits under one of these programs?