

LINDA GRIFFITH, LCSW, DCSW
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ARIZONA LICENSE #LCSW5710 + PENNSYLVANIA LICENSE #SW004221E

Insurance Coverage

To avoid financial responsibility for uncovered services, I will be happy to request a determination of eligibility and benefits for you prior to the first session if given this information one week in advance. Please complete the form below and return to me via email at lg@counselingtucson.com *along with photographs of the front AND back of your insurance cards.*

PRIMARY Insurance Company: _____
Subscriber ID # (including letters): _____
Group Number: _____
Secondary Insurance Company: _____
Subscriber ID # (including letters): _____
Group Number: _____
Insurance Policyholder Full Name: _____
Insurance Policyholder Date of Birth: _____
Insurance Policyholder Address: _____
Insurance Policyholder Relationship: Self Spouse Child Other
Insurance Policyholder Social Security Number: _____
Insurance Policyholder Sex: M F

SECONDARY Insurance Company: _____
Subscriber ID # (including letters): _____
Group Number: _____
Secondary Insurance Company: _____
Subscriber ID # (including letters): _____
Group Number: _____
Insurance Policyholder Full Name: _____
Insurance Policyholder Date of Birth: _____
Insurance Policyholder Address: _____
Insurance Policyholder Relationship: Self Spouse Child Other
Insurance Policyholder Social Security Number: _____
Insurance Policyholder Sex: M F