

Lydia Minear, MA, LPC  
Counselor  
770.617.0253  
[lydiaminear@gmail.com](mailto:lydiaminear@gmail.com)

Lydia Minear Counseling  
2655 Dallas Highway Suite 240  
Marietta, Georgia  
[www.lydiaminear.com](http://www.lydiaminear.com)

### Insurance Information/ Compliance Form

(Verify your mental health coverage with your Insurance prior to the first session.)

Name of Primary Insurance: \_\_\_\_\_ Primary Insurance Phone: \_\_\_\_\_

Primary Subscriber's Name: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_\_

Subscriber's ID#: \_\_\_\_\_ Group #: \_\_\_\_\_ Co-Payment: \$ \_\_\_\_\_

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

Client's Relationship to Subscriber (circle):      Self                  Spouse                  Child                  Other

-----  
Name of Secondary Insurance (if applicable): \_\_\_\_\_ Secondary Insurance Phone: \_\_\_\_\_

Subscriber's ID#: \_\_\_\_\_ Group #: \_\_\_\_\_ Co-Payment: \$ \_\_\_\_\_

Client's Relationship to Subscriber (circle):      Self                  Spouse                  Child                  Other

-----  
In case of Emergency:

Name of local friend or relative: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Home number of emergency contact: \_\_\_\_\_ Work number of contact: \_\_\_\_\_

-----  
I authorize the release of any medical/mental health information necessary to process my insurance claims. I authorize payment of health benefits to Lydia Minear, LPC for services rendered. I have read or completed this form fully and completely, and certify I am the patient or duly authorized general agent of the patient authorized to furnish the information requested. I understand I am responsible for payment of any deductible and co- payment/coinsurance as determined by my insurance carrier. If I need to cancel or change an appointment, I will provide at least 24-hour notice prior to the appointment in order to avoid a charge for the missed appointment or late cancellation. {Please note that insurance companies will not cover missed or no-show appointments}. **I will be fully responsible for this charge if I do not give the proper 24-hour notification.**

**Client/Guardian Signature:**

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

**CONFIDENTIAL**