

Dr. William July, PhD, PLLC
Fax to: 512-367-5698 Attn: Carmen Harris
Or email completed form to: charris@drwilliamjuly.com
Please include copy of front and back of insurance card if available

Insurance Verification Form

¿Prefiere la information de los beneficios en español? Si_____

(Please PRINT clearly)

Client Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Able to leave message: Yes _____ No _____

Email: _____

Parent/Guardian name: _____

Phone#: _____ Able to leave message: Yes _____ No _____

Insurance: _____

ID#: _____ Group#: _____

Phone# on card: _____

Name of subscriber (if not client): _____

Date of Birth: _____

Please sign giving your consent for our office to verify this information for you.

Signed: _____ Date: _____

Print name: _____