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11 Sundial Circle #5

United / Optum Insurance Information

Client Name _____

Insured Name _____

Insured Address _____

Insured Telephone _____ Insured Email _____

Policy Number _____ Membership ID _____

Deductible _____

Co Pay _____

Number of sessions allowed _____

Prior authorization required? _____ Date authorized _____

By whom _____

Insurance Coverage Verified by _____

Date of Insurance Verification _____

Claim Mailing Address _____

Insurance Telephone _____ Electronic Payer ID _____

Insurance Web Address _____